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Walden University

College of Social and Behavioral Sciences

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Audrey L. French

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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The Office of the Provost

Walden University
2019

Abstract

Experience of Resilience Among African American Women Who Left Abusive

Relationships

by

Audrey L. French

MEd, University of Maryland, 1995

BS, University of Maryland, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

August 2019

Abstract

The rate of DV for AA women is higher than other groups and often more severe; however, some AA women are successful in leaving the violence for good. Researchers continue to examine how victims move beyond their former life and into an abuse free environment by directing more attention on positive dynamics of victims of DV. One area is the study of resilience; however, little is known about the lived experience of resilience. The purpose of this phenomenological study was to explore the lived experiences of resilience in AA women who successfully abandoned an abusive relationship. The interview questions were used assist the participants in describing the lived experience of resilience. The survivor theory (ST) was used to demonstrate the participants' active role in leaving the relationship. ST was also used to dispute past research that indicated victims give up hope and therefore remain in the abusive relationship. Ten AA women from the Bell County, Texas area who are at least 18-years-old and have been free of an abusive relationship for 2 years were interviewed. Participants' perceptions were extracted and analyzed for patterns and themes using face-to-face interviews and written surveys. Data analysis procedures included the process of reducing participants' similar themes and statements in search of meaning. Results revealed three common themes that include having a positive mindset, establishing a strong relationship with God, and taking various forms of actions toward gaining control. Implications for social change include using the findings toward increasing education, intervention, and other supportive means used by those who provide services to victims.

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Dedication

I dedicate this dissertation to my husband, Tracy, and our children, Lawrence and Danielle. I thank each of you for your support throughout the years. I would not have made it without you. Additionally, I dedicate this dissertation to my father and my mother who is smiling down from heaven.

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Chapter 1: Introduction to the Study

Domestic violence (DV) is defined as an intimate partner showing abusive behavior toward his or her partner (National Coalition Against Domestic Violence [NCADV], 2014). Researchers also use the term intimate partner violence (IPV) in place of DV (Centers for Disease Control and Prevention [CDC], 2013). Throughout the study, both terms were used interchangeably. According to the NCADV (2014), 1 out of every 3 women will encounter an incident of DV at some point in their lives. However, not all women encounter abuse to the same degree. Abuse is reported at higher rates for AA women (Anderson-Wilhoite, 2014; J. C. Anderson, Stockman, Sabri, Campbell, & Campbell, 2015; Bent-Goodley, 2013; Bhandari et al., 2015; Gaines, 2008; Taft, Bryant-Davis, Woodward, Tillman, & Torres, 2009; West, 2004). DV occurs in both sexes and people of all races and is considered a social and health issue that affects AA women disproportionately (J. C. Anderson et al., 2015; Stockman et al., 2014; Sabri et al., 2014; Taylor, 2010).

Although women often remain in the abusive relationship or return shortly after leaving, some women successfully leave and stay away. In studies on abusive relationships, researchers listed various challenges of leaving an abusive relationship and identified the individuals or agencies that victims rely on for assistance. Several factors that affect a woman's ability to leave, and stay away, from an abusive relationship include the presence of children (Kim & Gray, 2008; Lacey, Saunders, & Zhang, 2011; Letourneau, Duffy, & Duffet-Leger, 2012; Meyer, 2011; Rhodes, Cerulli, Dichter, Kothari, & Barg, 2010), religion or spirituality (El-Khoury et al., 2004; Finfgeld-Connett,

2015; Fowler, Faulkner, Learman, & Runnels, 2011; Grayman-Simpson & Mattis, 2012; Lilly, Howell, & Graham-Bermann, 2015; Mitchell et al., 2006; Watlington & Murphy, 2006), interactions with the legal system (Humphreys & Thiara, 2003; Letourneau et al., 2012; Nichols, 2011; Lutenbacher, Cohen, & Mitzel, 2003; Zosky, 2011), income or economic status (Bent-Goodley, 2001; Fox, Benson, DeMaris, & Van Wyk, 2002; Kim & Gray, 2008; Lacey et al., 2011, Sherrill-Corry, 2012), and interaction with social service agencies (Flicker et al., 2011; Postmus, 2015; Zosky, 2011). Many of these studies were not qualitative and did not focus on the lived experience of DV expressed in participants' own words.

Phenomenological researchers have been successful in the investigation of victims of DV. Studies addressed women leaving abusive relationships from several viewpoints. For example, Humbert, Bess, and Mowery (2013) examined the phenomenon using the Kawa model (Iwama, Thomson, & MacDonald, 2009) used by occupational therapists. Along with personal interviews, the model required participants to draw and conceptualize segments of their current life to extract aspects of their experience that supported their rationale for getting away from the abuse (Humbert et al., 2013). Living with ongoing abuse can impact how a person function daily. When the violence has ended, it may still be challenging for women to create a routine absent the abuse. Researching IPV using an occupational perspective may assist women in developing skills needed to become self-sufficient in daily living activities.

Other phenomenological research focused on the lived experiences of DV survivors who had adjusted to life after the abuse. Moore (2010) recognized community

support, finding freedom, self-reliance, relation to self and others, and causality as factors survivors experience while adjusting to life after leaving. McDonald and Dickerson (2013) found that “developing and maintaining self-reliance; negotiating relationships; creating a safe and supportive environment; challenging societal roles and expectations; nurturing the self, and protecting the children” (p. 388) increased understanding of life for survivors 5 or more years after the abuse. The current lifestyle DV survivors face may provide knowledge of how the abuse has impacted their present life and how these women find strength in coping. The answers can be useful for those who assist victims who are contemplating leaving an abusive relationship.

Survivors of DV who share their stories of successfully leaving abusive relationships can reveal challenges that made the change difficult. Survivors may also describe when, how, and with whom they experienced the most support. Whether negative or positive, meaningful details are instrumental in leaving. Traore (2014) conducted a phenomenological study on factors, strategies, behaviors, and tools that enable women to overcome DV. The goal was to determine whether participants had access to resources and determined how each affected their ability to overcome the abuse (Traore, 2014). Findings suggested common themes included financial support, supportive family and friends, and factors associated with the decision to leave (Traore, 2014). Despite the increase in qualitative studies addressing women who left DV relationships, there was a need for additional inquiry with AA women (Rose-Gross, 2015) specifically regarding decision-making. Rose-Gross (2015) revealed external support as one crucial factor considered by AA women in their decision to leave. These

themes and others shed light on various challenges victims may face throughout the relationship in determining whether to live a life free of violence.

Some researchers called for further investigation of the lived experience of resilience in IPV survivors (Crann & Barata, 2016). The current study addressed the gap of the lived experience of resilience in an abusive relationship with a focus on AA women. Continued research regarding the unique perspective of AA women was this study's goal in obtaining an ethnic minority conceptualization of the lived events. One way to explore these perspectives is through phenomenology. Understanding the lived experience of resilience in AA women who left an abusive relationship has the potential of creating positive social change. A better understanding of how this group views DV could assist in decreasing the number of violent incidents against other AA women. Victims' descriptions of living with and eventually leaving the abuse may reveal specific approaches that may be beneficial in developing programs and services unique to this population. Findings from this study may be shared with health care, shelter, and community workers who have immediate and direct contact with victims. An increase in cultural knowledge can be used to raise awareness and increase sensitivity toward these women. Also, the findings may assist mental health professionals in developing effective treatment plans for AA women who are victims of DV. In Chapter 1, I present the background, problem statement, purpose of the study, research question, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and a brief summary.

Background of the Study

In 2009, several incidents of DV occurred in Texas that ended the lives of each victim involved. In Salado, Texas, a man beat his wife to the point where she had to be hospitalized for 3 weeks before dying from her injuries (Texas Council on Family Violence, [TCFV] 2009). In May 2009, a man in Waco, Texas attacked and killed his estranged wife with a hammer; 3 months later in the same city, a man stabbed and killed his ex-girlfriend and took his life the same day (TCFV, 2009). In Fort Hood, Texas, an ex-husband killed his ex-wife after their divorce was made final 11 days prior (TCFV, 2009). The TCFV (2003) concluded that DV is an epidemic in Texas after an average of two women per week lost their lives at the hands of their intimate partner. In 2013, 119 women lost their lives to DV in Texas (TCFV, 2015), including three women from Bell County, Texas. DV is a widespread concern in the United States (CDC, 2011).

The CDC (2011) estimated that 4.8 million IPV physical attacks and rapes are reported each year by women. Because victims are assaulted numerous times, the number of incidents will outnumber the victims (Tjaden & Thoennes, 2000). Violence has become an epidemic throughout the United States; therefore, more research is needed to address the problem.

DV includes any form of physical, economic, emotional, or psychological abuse (Fraser, McNutt, Clark, Williams-Muhammed, & Lee, 2002; NCADV, 2014; Teten, Ball, Valle, Noonan, & Rosenbluth, 2009). DV is an intentional act aimed at asserting control over another person or situation (Gaines, 2008; NCADV, 2014). Victims of DV are often seriously injured or, in some cases, die as a result of the abuse (Brown, 1997; CDC, 2011;

Straus & Gelles, 1986, Taft et al., 2009). According to the FBI database, over 1,700 women died as a result of violence in 2012 (Violence Policy Center, 2012), of which 924 were killed as a result of DV. This number is probably higher because the FBI does not collect data on ex-girlfriend or ex-boyfriend DV and only on current partners and spouses.

It would seem logical for women who find themselves in an abusive relationship to leave and never return. However, for those who choose to leave, leaving could put the victim in even more danger. After a woman has decided to leave an abusive relationship, the likelihood of an occurrence of attack is greater (D. K. Anderson & Saunders, 2003; Campbell, Sharps, Sachs, & Yam, 2003). Victims may leave and return many times. It may be more difficult for women to leave situations of DV if they have children or pets. The decision to leave an abusive relationship may create a multitude of challenges for all involved.

Men and women of all races or cultures may be victims of DV. However, AA women are more likely to become victims of abuse compared to other ethnic groups (K. L. Anderson, 1997, 2012; Anderson-Wilhoite, 2014; Benson, Wooldredge, Thistlewaite, & Fox, 2004; Bent-Goodley, 2009, 2013; Bhandari et al., 2015; Powell, 2008; Violence Against Women, 2009). AA women are also 2 times more likely to be killed by a spouse and 4 times more likely to be killed by a boyfriend or girlfriend than European American women (Catalano, Smith, Snyder, & Rand, 2009).

Although there have been many studies on DV, several scholars have indicated a gap in literature on AA women and DV (Bent-Goodley, 2009; Bhandari et al., 2015;

Campbell et al., 2002; Catalano et al., 2009; Coley & Beckett, 1988; Gullim, 2008; Hill, 2014; Johnson, 2013; Josephs & Abel, 2009; Lockart & White, 1989; Potter, 2007; Reeves, 2012; Taylor, 2010; Weisz, 2005). Bubriski-McKenzie and Jasinski (2013) pointed out that qualitative research is needed on women of color and their experience of IPV. One problematic area is when findings from social science research that involved White middle-class women are used to create policies and intervention programs that non-White women use as well. Studies of IPV help in determining causes and outcomes. Therefore, research with women of color may generate findings that are similar or unrelated to previous studies that focused on White women. New discoveries may be used to update policies and intervention programs. Potter (2007) stated that DV researchers have concentrated on dominant groups and that testing measures used to identify specifics of DV were not used with women of color. However, results may not be compatible with all populations. It would seem logical to pursue additional research with AA women and other minority groups. Findings may influence the establishment of culture-specific programs. The goal is to reduce the number of violent incidents in a population that is known to suffer higher rates of abuse (Anderson-Wilhoite, 2014; J. C. Anderson et al., 2015; Bent-Goodley, 2013; Bhandari et al., 2015; Gaines, 2008; Taft et al., 2009; West, 2004). Bent-Goodley (2009) also acknowledged that, despite the disproportionate number of AA women who suffer from injuries related to DV, there are few services designed specifically for them.

There have been several phenomenological studies on the lived experiences of women facing DV (Bracken, 2008; Enander, 2010; Flinck & Paavalainen, 2010;

Gonzalez, 2010; McDonald & Dickerson, 2013; Moe, 2009; Williams-Jackson, 2010; Webert, 2009). The lived experience of resilience is one area identified as needing additional investigation (Crann & Barata, 2016). In this study, I focused on the experience of resilience in AA women who left an abusive relationship. The purpose was to extract common themes regarding the experience of resilience during the DV. The results of this study added to the research on AA women and on resilience in survivors of DV.

Prevention is a key step in ending DV. The CDC (2011) devised a 4-step process for preventing intimate partner abuse. One step involves the use of research that can be used to develop prevention strategies that victims can implement (CDC, 2011). Before this process can occur, victims need to feel safe enough to reach out for help. Recent research has centered on obtaining additional data that will help abused women leave abusive relationships. Bracken (2008) used a phenomenological approach to explore the lived experiences of 10 women who left an abusive relationship to determine what prompted them to leave. Bracken identified three common themes from the interviews. Bracken's findings may assist health care professionals in reaching out to abusive women through compassion to gain their trust so that battered women will feel the support needed to seek assistance. Webert (2009) also identified three common themes that may be used in assisting nursing professionals in recognizing and providing a better understanding of the victim's experiences. However, neither study focused solely on AA women.

Women who are victims of DV are not passive individuals but are active in seeking safety from the abuse (World Health Organization, 2006; Zosky, 2011). Victims of DV implement strategies to ensure safety for themselves and their children. Strategies specific to each culture may increase that population's rate of successfully leaving an abusive relationship. Hayes (2013) stated that it is important to hear the retold story from women who have demonstrated strength in a DV situation. Researchers continue to call for additional exploration to identify culture-specific strategies for leaving DV relationships (Alexander, 2013; NCADV, 2011).

AA women experience DV at a higher rate than other women (Anderson-Wilhoite, 2014; Bent-Goodley, 2013; Bhandari et al., 2015; Gaines, 2008; Taft et al., 2009; West, 2004). There is a need for additional research on AA women and DV (Bent-Goodley, 2009; Bhandari et al., 2015; Campbell et al., 2002; Catalano et al., 2009; Coley & Beckett, 1988; Gullim, 2008; Hill, 2014; Johnson, 2013; Josephs & Abel, 2009; Lockart & White, 1989; Potter, 2007; Reeves, 2012; Taylor, 2010; Weisz, 2005) to assist mental health professionals in increasing their understanding of this group.

Problem Statement

AA women are at an increased risk of DV and will experience it at a higher rate than other female groups (Anderson-Wilhoite, 2014; Bent-Goodley, 2013; Taft et al., 2009). To better understand from a cultural or ethnic perspective how AA women make meaning of their experience of resilience, additional research is needed. Programs and services designed to assist victims may need adjusting to include techniques that address cultural issues AA women may present. There is a gap in the literature on AA women

and DV (Bent-Goodley, 2009; Bhandari et al., 2015; Campbell et al., 2002; Catalano et al., 2009; Coley & Beckett, 1988; Gullim, 2008; Hill, 2014; Johnson, 2013; Josephs & Abel, 2009; Lockart & White, 1989; Potter, 2007; Reeves, 2012; Taylor, 2010; Weisz, 2005). The group is also lacking culturally competent interventions (Johnson, 2013). According to the National Intimate Partner and Sexual Assault Survey (as cited in CDC, 2010), 1 in 5 AA women or 22% will experience DV.

DV has become a significant public health concern (Black et al., 2011; Taft et al., 2009). Violence against AA women tends to be more severe than other women. Black et al. (2011) estimated that around 4.7 million (36%) women would report abuse, of which 44% are AA. Bent-Goodley (2013) indicated that AA women are victimized more than other groups and are more likely to die as a result of DV. The CDC (2011) estimated the percentage of women being abused is closer to 4.8 million. The figures do not take into account the number of victims who do not come forward and report. The statistics do, however, demonstrate how DV is continuing to be a concern and how it is both a psychological and social issue.

DV may affect the victim's physical and psychological well-being (Black, 2011; Black et al., 2011; CDC, 2010; Greer, 2011). Depression, anger, hostility, sleep disturbance, suicide, anxiety, and post-traumatic stress disorder are listed as lifelong health consequences that victims often suffer from as a result of abuse (Black, 2011; CDC, 2012). Severely abused AA women suffer from depression at a rate 5 times that of women who are victims of milder forms of abuse (Illangasekare, Burke, McDonnell, & Gielen, 2013). Although suicide attempts are lower among AA women when compared to

the general public, low-income AA victims are at a higher risk of attempting suicide and are twice as likely to experience suicidal behavior than other groups (Leone, 2011).

Minieri et al. (2014) stated that abused women often experience a loss of power that interferes with their sense of self, leading to mental health issues.

Despite the increase in research on DV, researchers have recommended further investigations of AA women who experience DV (Alexander, 2013; Bell & Mattis, 2000; Bubriski-McKenzie & Jaskinski, 2013; Duley, 2012; Gillum, 2008; Josephs & Abel, 2009; Montalvo-Liendo, 2008; Ono, 2013; Reeves, 2012; Sabri et al., 2013; Taylor, 2010; Volante, 1998). The goal of the current study was to understand participants' perspective of their lived experience of resilience when leaving the relationship.

According to Ono (2013), women of color often face oppression and unique barriers that may affect how they reach out for assistance. If this is the case, it would be beneficial to learn what they experienced and how they conceptualized the experience during the abusive relationship.

Some DV victims will return to the abuser, while others will successfully stay away. Bliss, Ogley-Oliver, Jackson, Harp, and Kaslow (2008) found that "multiple factors contribute towards women's readiness to change, including whether or not they perceive their relationship as abusive, have children living with them, anxiety and PTSD symptoms, substance abuse, spiritual well-being, self-esteem, and social support" (p. 7). In their decision to leave the abuse, this study's participants shared factors that contributed to their decision to leave. These factors may assist mental health workers in helping other victims who want to leave. Knowledge in these areas is crucial to

understanding what aided women in getting away from the abuse. Baly (2010) explained how victims use both private and public strategies when deciding to leave. The victim's beliefs and attitudes also affect how the abuse is viewed and how it may become difficult when cultural beliefs are added.

Voices of DV survivors are beneficial in assisting with decisions on policies that provide support for what is needed to leave (Zosky, 2011). AA women's voices are crucial in identifying individual differences in experiencing abuse. Those differences may be useful in assisting current victims with leaving. Rose-Gross (2015) reported that AA women experience the additional stress of being a strong Black woman in deciding to leave. This notion be a source of resilience for AA women, but it is not clear how they conceptualize it.

The lived experience of resilience is one area identified as needing additional investigation (Crann & Barata, 2016). Crann and Barata (2016) stated that a significant amount of research focused on the negative consequences that DV or IPV has on women. Crann and Barata response to a gap in the literature regarding positive psychological research and an additional need to examine psychological resilience. Phenomenological methods were used to investigate the lived experience of psychological resilience in IPV survivors who were in an abusive relationship or had recently left (Crann & Barata, 2016). Participants' description of experiencing resilience appeared to have occurred in multiple shifts in cognitive and emotional behavior (Crann & Barata, 2016). Crann and Barata acknowledged a growth in research on psychological resilience but noted that little is known about how resilience is experienced. Crann and Barata mentioned earlier

research of Young (2007) on resilience in women after leaving an abusive relationship. Resilience occurred when participants began to recognize their strength and self-confidence that gave them the motivation to leave. Supportive family members, friends, and others were often beneficial in developing resilience (Young, 2007).

Other essential components associated with resilience occurring after abuse include spiritual and social support (K. M. Anderson, Renner, & Danis, 2012), feeling hopeful, family, and self-concept (Wortham, 2013). Wortham (2013) investigated resilience traits in AA women survivors from a mental practitioner's perspective. Although each of these studies addressed the concept of resiliency, Young (2007) used a grounded theory approach and K. M. Anderson et al. (2012) used mixed methods. Wortham used phenomenology; however, participants were mental health practitioners and not the women who experienced abuse. This study included phenomenological methods to address the experiences of AA women who were DV victims.

Crann and Barata (2016) recognized the contribution previous research provided on resilience. However, Crann and Barata argued that the studies of women who had been out of the relationship for extended periods of time may diminish how resilience is understood. Also, Crann and Barata argued that often it is researchers who identify resilience in participants and, therefore, called for additional investigation in which participants describe their experience.

To further understand DV related to AA women, this study focused on the lived experience of resilience in AA women who left abusive relationships. The study's emphasis on AA women was necessary due to reported higher rates of abuse that is

frequently more severe. Likewise, these women may experience further victimization in the form of racism and sexism. However, AA women's experience of violence may reveal cultural beliefs that differ from other groups. Additional inquiry was needed to assisting other AA women in the process of deciding to leave. Findings added to current research used in developing policies and interventions, including concepts AA women contributed from their experience of resilience. Several studies provided insight on resilience in a victim's decision to leave an abusive relationship, including a support system, spiritual, self-concept, and a sense of hope. According to Crann and Barata (2016), survivors' experience of resilience can occur as cognitive, emotional, and behavioral shifts during and after the abuse. AA women also experience resilience similar to previous findings. Crann and Barata's study was a starting point and called for additional research on the lived experience of resilience with IPV survivors. The current study has the potential to add to resilience research that is unique to AA women.

Purpose of the Study

The purpose of this study was to investigate the lived experience of resilience in AA women who left an abusive relationship. A qualitative, phenomenological method was used to guide this study. To explore the lived experiences of participants, Creswell (2009) suggested using a phenomenological approach because it allows the researcher to choose a natural setting and use a variety of strategies including personal interviews, observations, and questionnaires. The phenomenological approach enabled me to investigate common themes on how AA female victims described their experience of resilience.

Although research on DV has increased, the current study may further the awareness of DV through a phenomenological design with a sample of AA women. The study was conducted to address a gap in the literature on resilience research with survivors to gain a better understanding of AA women's experience of resilience. The findings may be used by mental health professionals to assist AA women who are DV victims in their decision to leave an abusive relationship.

Research Question

The following research question guided the study: What is the lived experience of resilience in AA women who left an abusive relationship? Four interview questions (Appendix F) guided the data collection process in answering the research question. Each interview question was used in a recent study by Crann and Barata (2016) on resilience.

Theoretical Framework

The theoretical framework that guided this study was the survival theory (Gondolf & Fisher, 1988). This theory suggests that battered women are not passive victims but survivors who are constantly seeking help. Women who are trying to escape violence need appropriate resources and social support to build their confidence and strength leading to their independence (Gondolf & Fisher, 1988). McCleod, Hays, and Chang (2010) stressed how women acquire personal strengths that enable them to leave the abuse. In the current study, the lived experience of resilience provided insight as to how AA women conceptualized the experience.

Survival theory was used to examine how individuals were able to leave the abuse. A phenomenological approach allowed participants to share the details of their

personal knowledge of experiencing resilience during an abusive relationship. Survival theory is explained further in Chapter 2.

Nature of the Study

In this study, I used a qualitative, phenomenological approach to explore the lived experiences of resilience in AA women who left abusive relationships. Phenomenological methodology was appropriate in describing participants' accounts of their personal experiences of events that caused them to successfully leave an abusive relationship. Findings may be used to enhance efforts to reduce the number of incidents of DV through development of treatment options unique to AA women. The goal of phenomenological research is to make "sense of phenomena directly and immediately" (Rudestam & Newton, 2007, p. 39) by understanding the meaning of the description based on the experience. According to Patton (1990), the described personal experiences of participants lead to a thorough account of the lived event, which is necessary for answering the research question.

Purposeful sampling was used in selecting 10 participants who met the following requirements: at least 18 years or older, African American female, previous victim of domestic violence, free from partner abuse for 2 years. Participants also agreed to a follow-up meeting and to have their answers audiotaped. Data were collected through face-to-face interviews using questions designed to assist in answering the research question: What is the lived experience of resilience in AA women who left an abusive relationship? The modified Van Kaam method of qualitative analysis and the ATLAS.ti (2014) software were used to compare codes and organize data. Common themes from

the narratives of the respondents' enabled the researcher to understand how AA women experience resilience during an abusive relationship.

Definition of Terms

Several terms used in the study are defined as follows:

Domestic violence (DV): Any form of behavior that is intentional and unwanted either through physical, psychological, or sexual abuse (Wesley & Craig-Henderson, 2006). DV is also referred to as abused women (McCloskey et al., 2007), intimate partner abuse (CDC, 2010), and battering (Alhabib, Nur, & Jones, 2010). Intimate partner referred to as an opposite person with whom an individual is married, living, or dating (Tjaden & Thoennes, 2000).

Emotional abuse: Nonphysical abuse that causes humiliation through verbal threats. Threats or intimidation may occur through employment, education, financial, social, children or family members, religion, and other means (Walker, 1979). Emotional abuse is interchangeable with psychological and nonphysical abuse.

Intimate partner violence (IPV): Physical, sexual, or psychological abuse or stalking by a current or former intimate partner (CDC, 2016).

Physical abuse: Use of physical force to cause some form of pain, coercion, or injury, including hitting, biting, slapping, kicking, punching, and choking (McShane, 1979).

Resilience: "The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development" (Masten, 2011, p. 494).

Sexual abuse: Any form of incest, rape/attempted rape, sodomy, fondling, and other acts that define sexual assault. Victims are coerced, pressured, forced, and manipulated by another person (National Center for Victims of Crimes, 2008).

Strategies: Tactics or plans that were used by the participant to leave the abusive relationship.

Assumptions

I assumed that all participants would be honest and truthful in their claim that they were no longer living with their abuser and were currently living in a violence-free environment. A second assumption was that participants provided open and truthful accounts of their experience of the relationship. These assumptions were necessary because participants still involved in a violent intimate relationship with their abuser would not have met the selection criteria and would not have been able to provide data to answer the research question.

Scope and Delimitations

Participants in this study included 10 AA women living in Bell County in Central Texas. The delimitations for this study included the use of only AA women who had left an abusive relationship at least 2 years prior. I assumed that after 2 years the woman would not return to the relationship. I chose to include only AA women because abuse is reported at a higher rate in this group than in any other group. Other female populations were excluded because I wanted to understand the lived experience of resilience in AA women who left the abusive relationship. I limited participants to women over the age of 18 living in the Bell County, Texas, area in the event I needed to meet with the women

multiple times. Including other counties may have made access to the women more difficult. However, the group of AA women in this study may not represent other victims in general. I did not include research on abuse classified as teen violence (Henry & Zeytinoglu, 2012), elder abuse (Imbody, 2011), or same sex abuse (Dempsey, 2011) because other studies addressed these groups. All victims had lived with their abuser as wives or girlfriends.

I did not conduct a quantitative study because I was not testing a theory or measuring variables. A qualitative, phenomenological approach was used because it allowed the participants to describe their personal experiences and provide a meaning of that experience. A grounded theory approach includes the researcher developing a theory from the data; a case study allows a scholar to focus on an event, program, or person; a narrative approach includes the retelling of participants' experiences, possibly using a plot, setting, or some other scheme (Creswell, 2009). These methods may also be useful; however, phenomenological research was more appropriate in understanding the lived experiences of resilience in AA women who left abusive relationships. The goal was not to develop a theory or retell participants' stories, but to have the participants provide meaning to their personal experience. This study's findings cannot be generalized to other populations; however, they may provide an understanding of the experience of resilience in AA women who left an abusive relationship.

Limitations

The study was limited to AA women from a county in central Texas. The participants may not represent other victims of DV; therefore, generalizing results was

also limitation of this study. The lived experiences of women in DV relationships have been investigated using a phenomenological approach (Bracken, 2008; Duley, 2012; Queen, Brackley, & Williams, 2009; Webert, 2009; Williams-Jackson, 2010).

Researchers have also focused on resilience (K. M. Anderson et al., 2012; Crann & Barata, 2016; Wortham, 2013; Young, 2007) using a variety of cultures. To establish dependability, I listed what occurred during the investigation process from start to finish.

Participants may not have been totally honest concerning their lived experience. There was also the possibility that the women may have had difficulty in articulating what occurred. Also, it was not known whether the participants had a full understanding of the meaning of resilience. A definition should have been discussed with participants before data collection. Another limitation was the use of open-ended interviews as the only method of collecting data. I assumed that participants' account of details would lead to the identification of common themes. Other researchers may question the validity and reliability of this study because qualitative phenomenological researchers employ an interpretive inquiry.

I am an AA female who has worked with victims of DV for over 15 years. This experience has given me knowledge of the abuse cycle, a bias that could have influenced the outcome of the study. I did not want my position to influence what participants thought I wanted to hear. I monitored my personal biases so as to not influence participants' statements or the interpretation process. I did not make any assumptions about the abusive relationship or what each woman endured. I remembered what Moustakas (1994) referred to as the epoch process in phenomenological research. Using

Moustakas's process, I set aside my personal biases and preconceptions about DV to visualize what the participant reported. Epoch is a procedure Moustakas stated is necessary to "see things with new eyes in a naïve and completely open manner" (p. 86).

These limitations were mainly present because I chose to focus on a particular population using qualitative methods. To address these limitations, I acknowledged their existence and provided an explanation of each. Also, I outlined and documented all steps taken during the research process, including all assumptions, because this study required my interpretation of information obtained.

Significance of the Study

AA women experience abuse at higher rates than other groups (Bent-Goodley, 2009; Gaines, 2008; West, 2004). It is important for mental health workers to have an increased understanding of how to assist this group of women in overcoming DV and building lives free of aggressive incidents. The results of this study may assist AA women who are current victims of DV. My goal was to supplement current data by adding a cultural perspective on what these women endured throughout the relationship that they eventually left. Although research on DV has increased, this study provided information that increased the awareness of DV in AA women. In qualitative studies, researchers have focused on Hispanic women and DV (Gonzalez, 2010), Native American women and DV (Crossland, Palmer, & Brooks, 2013; Murphy, 1998), and European American women and DV (Bracken, 2008). My research focused only on AA women and their lived experience of resilience. The findings provided an understanding of how this group viewed resilience during DV, which may assist in decreasing the

number of violent incidents against other AA women. This study is significant because findings may be used to develop programs or services unique to the AA culture. These programs or services may reduce domestic violence incidents by assisting victims in leaving the abuse.

Summary

DV has touched the lives of many women from a variety of cultures and races. However, AA women have been identified as individuals who suffer abuse at a higher rate than other women (Anderson-Wilhoite, 2014; J. C. Anderson, Stockman, Sabri, Campbell, & Campbell, 2015). Therefore, more research is needed on this population. Several scholars have investigated resilience and the lived experience of women who have successfully left their abusive relationship (Crann & Barata, 2016; Young, 2007). However, these studies included women from a variety of racial backgrounds and ethnicities, prompting the need for additional research on AA female participants.

In Chapter 1, I presented the background of the study, problem statement, purpose of the study, research question, theoretical base, nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and summary. In Chapter 2, I provide a literature review on studies addressing DV, its impact on AA women, and previous research on the lived experience of resilience in women who left the abuse. The review addresses literature on the variables, the literature supporting the theoretical framework, and the chosen research methodology used in studies addressing similar topics.

Chapter 2: Literature Review

The purpose of this study was to investigate the lived experience of resilience in AA women who left an abusive relationship. Although there are laws aimed at preventing DV, 1 out of 3 women will experience some form of abuse (NCADV, 2014). The CDC (2011) estimated that around 4.8 million women report physical abuse and rape each year. AA women are at risk of experiencing DV at a higher rate than other female groups (Abrahams et al., 2009; J.C. Anderson et al., 2015; Anderson-Wilhoite, 2014; Bent-Goodley, 2009, 2013; Bryant-Davis, 2010; Gaines, 2008; West, 2004). Researchers have demonstrated that a disproportionate number of low-income AA women are more likely to be victims of violence than other groups (Bliss et al., 2008; Leon, 2011). The rate of DV is higher for this group of women; however, scholars have not differentiated the women by income (K.L. Anderson, 1997; Benson et al., 2004; Bent-Goodley, 2009; Powell, 2008; Violence Against Women, 2009). Whether income is a factor or not, AA women experience DV more so than any other group (J.C. Anderson et al., 2015). An AA woman's chances of dying by either a spouse, boyfriend, or girlfriend are also higher (Catalano et al., 2009). These women are also more likely to attempt suicide as a result of the abuse (Bliss et al., 2008, Leon, 2011). Research is limited on AA women and DV, and additional research is needed (Bhandari et al., 2015; Campbell et al., 2002; Catalano et al., 2009; Coley & Beckett, 1988; Gaines, 2008; Hill, 2014; Johnson, 2013; Sherill-Corry, 2012; Tjaden & Thoennes, 2000; Watlington & Murphy, 2006; Weisz, 2005). This chapter includes (a) an introduction, (b) the literature search strategy, (b) the theoretical

foundation, (c) a literature review related to key concepts, (d) and a summary and conclusion.

Literature Search Strategy

I obtained resources using various search engines and databases. I searched Academic Search Complete, Articles by Topic, ProQuest Central, ERIC, Dissertations, Sage, PsycINFO, EbscoHost, and PsychARTICLES. Google Scholar and the Yahoo search engine were also used to obtain information from the World Health Organization, the Texas Council on Domestic Violence, the Texas Family Code, the National Center for Victims of Crimes, the U.S. Department of Justice, the CDC, and other sites relevant to DV. The following terms and combination of terms were used for the literature review: *domestic violence, resilience, African American women, AA, intimate partner violence, physical abuse, sexual abuse, psychological abuse, and battering*. In the articles that were used, researchers provided an in-depth overview and some basic statistics on DV. To begin the interactive search process, I identified germane scholarship. Beginning with *domestic violence* and *African American women*, I collected articles that provided not only specific data but also additional resources (researcher's name, journals, websites, books) from the reading. Those resources were added to the appropriate search engine to obtain the original article. The material was searched by the article title, author, DOI number, journal name, book title, and other identifying information. The dissertation database was used to obtain examples of how phenomenological research was conducted in the past. Books were purchased either from Amazon (print and Kindle) or Barnes and

Noble. In cases where there was not a sufficient amount of current research or information, older research studies were used.

Theoretical Foundation

There are several theories that can be used to explain why women choose to stay or abandon an abusive relationship. In this qualitative study, I focused on survival theory (Gondolf & Fisher, 1998).

Despite various research on learned helplessness, researchers believe that battered women are not passive and can leave the abuse. According to Gondolf and Fisher (1988), resources and social support empower women to become independent and leave the abuse. In survival theory, Gondolf and Fisher presented a different view of a battered wife that challenged earlier definitions. Proponents of survival theory refute the argument that a woman's ability to seek assistance diminishes when the abuse increases. In fact, survival theorists suggested that battered women increase their help-seeking skills when the abuse continues or increases (Gondolf & Fisher, 1988). Gondolf and Fisher identified components of survival theory that include the following:

1. Increased battering motivates survivors to create and use a variety of help-seeking skills.
2. A lack of options and resources accounts for the women enduring the abuse.
3. Batterers, who are often antisocial, usually do not respond to counseling and often end up increasing the abuse.

4. Providing effective resources is essential in aiding the survivor in leaving the abuse.

Goodman, Dutton, Weinfurt, and Cook (2003) explained how their study's findings are consistent with the survival theory view that battered women's efforts heightened when the level of violence increase. Zosky (2011) also supported survival theory, pointing out how females actively seek services to leave the abuse. In another study on battered Mexican women, Brabeck and Guzman (2008) employed the survival theory to assess how often and effective their formal, informal, and personal strategies were in coping with the abuse. Brabeck and Guzman found that these women's efforts were aligned with survival theory in seeking assistance on multiple occasions from various options. Hayes (2013) incorporated the survival theory while investigating participants' resistance strategies in their abusive relationship. Hayes captured Gondolf and Fisher's premise that showcasing a survivor's resistance and strength may change how others view DV.

The survival theory can provide a rationale for the women's behavior or actions during the abusive relationship. D. K. Anderson and Saunders (2003) stated, "Survivors typically go through several phases or shifts in their thinking during the process of leaving. They may leave and return multiple times, each time learning new coping skills" (p. 185). Survival theory was used in this study to demonstrate why some survivors of DV remain in an abusive relationship. It was selected because researchers have demonstrated a survivor's efforts to actively seek assistance and implement strategies toward leaving their abuser. According to survival theory, women remain in the abusive

relationships due to their lack of adequate resources. Survival theory related to the present study by examining ways AA women perceived and responded to DV (see Brabeck & Guzman, 2008). The theory allowed for the exploration of strategies and resources these women believed to be the most helpful in their survival of and eventually departure from the relationship. Survival theory demonstrated that this group of women was successful in leaving the abuse. Survival theory also helped provide an understanding of the lived experience of AA women who left an abusive relationship, through examination of specific details considered significant during the relationship.

Survival theory has been used in prior studies on how women resisted abuse and actively sought ways to leave (Brabeck & Guzman 2008; Goodman et al., 2014; Zosky, 2011). According to the survival theory, individuals are not passive, but actively seek ways to leave the abuse, which directly related to my research on AA women who left. Hayes (2013) examined how women actively resisted their batterer's abuse and used previous research to retell the story of partner abuse and highlight the survivor's resistance and strengths. Hayes's goal was to highlight how women were self-sufficient during the abuse and to describe the ways victims cope when the abuse heightens.

Researchers should focus on behavior or actions that demonstrate help-seeking skills. With this in mind, I expected that participants would describe events that revealed behavior that allowed them to leave eventually. Survival theory related to this study because it helped me understand the unique lived experiences of resilience of AA women who left their abusive relationship. These women were expected to describe events that led up to their leaving that would demonstrate how they consistently resisted the

unwanted abuse in addition to assessing the ways that they left. Because this group of participants experienced abuse more than other groups, it was interesting to discover the resources or strategies that were not common among other groups. These women were expected to support survival theory by identifying various agencies contacted for assistance and how the women eventually obtained what was needed to leave.

Literature Review

One objective of the literature review was to establish a theoretical framework that supported the investigation of the lived experience of resilience of AA women who left an abusive relationship. I also discovered key terms and definitions associated with the study of AA women and domestic violence. Key terms included *African American*, *domestic violence*, *intimate partner violence*, and *resilience*. I reviewed studies that included qualitative methodology to examine the lived experience of DV from the victims' perspective. The studies demonstrated why phenomenology was the appropriate method for the current study. Studies also exhibited that victims are not passive and seek resources and social support toward becoming independent (Gondolf & Fisher, 1988). The remainder includes studies that support the concept that AA women suffer abuse more than other female groups, may face additional barriers accessing assistance, and that additional research is warranted. Also, the literature review contains studies addressing AA women's access to an emergency room, urgent care, and shelter services for assistance, the use of religion or spirituality to cope with abuse, and an examination of suicidal behavior. After a broad overview, I narrow the focus and discuss the construct of resilience associated with victims or survivors and their ability to leave the abuse. A gap

in the literature indicated that further investigation of the lived experience of resilience in IPV survivors was needed (Crann & Barata, 2016), which served as the basis for this study. The following sections address (a) various types of DV, (b) studies that included phenomenological methodology to investigate women who left abusive relationships, (c) strengths and weaknesses of qualitative methods, (d) a rationale for concept selection, (e) social and community areas of concern, and (f) resilience.

Types of Domestic Violence

Researchers have provided several definitions of DV. DV occurs when an intimate partner inflicts acts of sexual, physical, emotional, or psychological abuse (Fraser et al., 2002; Teten et al., 2009; Violence Against Women, 2009). Gaines (2008) stated that “minimizing, denial and blame, intimidation, coercion, threats, isolation, using children, economic abuse” (p. 331) are a few ways to inflict violence against another person. The Texas Family Code 71.004 described family violence as intentional harm or the threat of harm from a member of a household against another member of the same domain. Other areas of abuse may occur when the controlling individual keeps his or her significant other from obtaining medical attention, assistive devices, cars or other transportation, or contact with family and friends (Thompson, Saltzman, & Johnson, 2001); when the batterer strangles the victim (Campbell et al., 2007; Thomas, Joshi, & Sorenson, 2014), when the batterer verbally abuses a person’s self-worth (CDC, 2012); or when the batterer conducts spiritual violence against the victim (Paavilainen, Lepisto, & Flinck, 2014).

Bostock, Plumpton, and Pratt (2009) discussed additional ways of abusing victims. Exerting control over finances, children, pets, and other family members is another means of exerting emotional or psychological abuse. Bostock et al. composed a list of the ways that men have admitted to controlling their wives and girlfriends including not allowing her to work, hiding money or spending it on sexual-related services, gambling, placing the financial burden on her, taking the money she makes, signing her name to documents without her permission, controlling where she works, and withholding funds. Stalking, using intimidation, and harassment are also nonphysical means of emotional abuse (Bingham, 2006). Abuse is an individual's way of exercising power and control over another person (Gaines, 2008). Serious injury and death may also be the result of DV (Browne, 1993; CDC, 2012; Straus & Gelles, 1986).

Earlier researchers identified DV as a recurring social problem that was mainly identified as a result of women's movement groups (McShane, 1979; Parker & Schumacher, 1977). Scholars claimed that DV was a justifiable and valid practice as long as the DV continued in a covert manner. However, other researchers (Duley, 2012; Flinck & Paavilainen, 2010; Queen et al., 2009) asserted that society no longer approves of the act and is taking measures to decrease the incidents of abuse.

Past Studies Using Phenomenological Methods

In the attempt to understand the experience of AA women who left their abusive relationship, it is necessary to recognize other women who have left the abuse and to examine their experiences. Knowing the various types of abuse and the difficulty that victims often tolerate, researchers have been able to identify several areas that these

women face in leaving. These areas were mentioned earlier in Chapter 1 and included the significance of children, religion or spirituality, issues with legal, income or economic status, and issues with social service agencies. In this section, I will focus on qualitative studies that used phenomenology to investigate female DV victims who have left an abusive relationship. Several studies listed below are older than 5 years; however, I chose to include them to demonstrate how phenomenology was successful in extracting common themes and to lend justification as to why I chose this method for my study.

Bracken (2008) conducted a qualitative study to assist victims through retelling their story. Bracken used phenomenological methods in an investigation of the lifetime experiences of women who left abusive relationships. Bracken recruited 10 participants, of which one was AA, and interviewed each participant individually using several open-ended questions on their life before, during, and after the abuse. Ten themes were extracted. Although the study only contained the lived experience of one AA, Bracken was successful in obtaining a rich, blended description of each participant's meaningful experience of leaving an abusive relationship. Bracken listed a lack of diversity as a limitation to the research; however, strengths in this study included personal interviews, the use of open-ended questions, internal validity, and transferability (Moustakas, 1994).

The subject of safety and well-being is of concern for women who have children and want to protect them. Scholars (McDonald & Dickerson, 2013; Moe, 2009) used phenomenology to assist in ascribing meaning to the lives of women who left an abusive relationship with children. Moe (2009) used a phenomenological approach to investigate a sample of 20 victims of DV who left the abusive relationship. The sample consisted of

eight European American women and four AA women. The women ranged in age from 18-to 45-years-old. Seventeen of the women had children. Moe indicated that her goal was to investigate how children affected the victim's decision to leave. Phenomenology analysis allowed Moe to obtain meaning to the why and how the phenomenon was experienced. Moe was able to uncover common themes that helped to explain the difficulties that the women faced and the role that their children played during the process. McDonald and Dickerson (2013) used phenomenology to investigate the lives of 21 female victims 5 years after leaving the abusive relationship. Participants consisted of 13 European American women, seven AA women, and one Latin American woman. Although the goal was to understand what life was like outside of the abuse, McDonald and Dickerson felt that it was important to know what challenges these women faced and how they were able to overcome them. The intent was to show that it is possible to live a violent-free and productive life after leaving. The method used was successful in the identification of six themes.

Researchers who have studied DV have focused more on physical abuse against women (Outlaw, 2009). Jun, Rich-Edwards, Boynton-Jarrett, and Wright (2010) expressed how psychological abuse, also referred to as emotional abuse, is a unique form of DV because it can occur alone or in conjunction with other forms of abuse. Some researchers have examined the experiences of women who were emotionally abused. Queen et al. (2009) investigated the lived experience of 15 women who were emotionally abused using a phenomenological approach. The sample was a mixture of European American, Hispanic American, and one AA woman ages 19-60. Seven major themes

were uncovered on how the group's life was impacted due to the abuse. Queen et al. used opened-ended questions in unstructured interviews and allowed the participants to write freely of the experience to capture the common themes among the group of participants. Dependability, credibility, transferability, and confirmability were established. In a similar study, Weibert (2009) extracted the lived experience of three participants through phenomenological methods where participants were part of an "international online support group" (p. 13). Weibert used the same approach as other researchers who used this method. Each study was successful in the methods chosen to answer the research question. If any weaknesses exist, it may include a small sample, no face-to-face contact, and the inability to audio tape interviews.

Williams-Jackson (2010) mentioned that there is a lack of research on AA and Hispanic American survivors of DV or sexual abuse. Williams-Jackson believed that previous scholars have focused on victims who have also resorted to violence during the relationship. Williams-Jackson used phenomenological, qualitative methods to study resilient Hispanic American and AA women to provide data on women who resisted using violence while with their abusive mate and what helped in their decision to leave. Participants included 11 AA and three Hispanic American women who were interviewed for their personal account of any cultural characteristics that may assist others in living a life free of abuse. Williams-Jackson recommended additional research with females who chose to remain in the relationship and to compare these findings to those who leave.

Enander (2010) used a phenomenology design with 12 female participants who left their abusive relationship. The women ranged in age from 24-61 and had been free of

the abuse for at least one year. All participants were middle class, White, and Swedish. Also, they all had obtained services from a shelter. Semi-structured interviews were used in two separate sessions totaling 1 to 3 weeks apart. Enander believed the time in between interviews would help in gaining trust from participants that would provide them with an atmosphere to open up and provide rich details of their account of leaving the abuse. The data collected were used in extracting similar themes that were used to describe the participants' experiences.

Gonzalez (2010) used phenomenology to research how Latina women, residing in the United States, described DV. Gonzalez used purposeful sampling to recruit 10 participants over the age of 19. Gonzalez felt it was necessary to share his experience of DV to gain the women's trust. Ten women were recruited, but only seven of those were used in the study. The data were collected over a 6-month period through interviews, and the participants' responses were later transcribed verbatim. Follow-up interviews were used to verify and discuss with participants their responses to the questions to create similar themes. Gonzalez allowed the participants the opportunity to give their unique account of events leading up to leaving. Gonzales followed the protocol of phenomenology research by that the study had credibility, trustworthiness, and dependability. Gonzales uncovered textural and structural descriptions used in identifying six themes that were common among that particular group of Latino women who left their abusive relationship.

Hou, Ko, and Shou (2013) completed a study on DV victims from Taiwan. Hou et al. believed that researchers have focused on women from the United States but lacked

research with women in other countries. Hou et al. used phenomenology with participants who had experienced past DV, left the relationship, and were free of the abuse for 6 months. Semistructured interviews were obtained from eight women over a 4-month period. Each of the women had children. Participants were asked to describe their experience after leaving and the process of recovering. Interviews were taped-recorded, transcribed verbatim, and reread numerous times to generate common themes. Four common themes were identified. Hou et al. listed several limitations that included a small sample size, the fact that all participants had children, and the selection process. Phenomenology was used to obtain a better understanding of women from Taiwan who left abusive relationships.

Arian (2013) used a phenomenology design to investigate the experience of hope in DV victims who left abusive relationships. Arian chose method because it allowed for a focus on the phenomenon of hope. Arian provided insight on how hope was experienced among this group of participants. Purposive sampling was used in selecting nine European American, AA, and non-Hispanic participants who met the study's criteria. Arian chose women who were at some point associated with a particular community center in the area because it provided access to a diverse sample. Two specific criteria included having left their abusive relationship for at least 6 months and being between 18- and 65-years-old. Arian used open-ended questions and face-to-face interviews and audio-taped each interview that was professionally transcribed into a Microsoft Word document. The data were analyzed, and specific statements were extracted in creating 21 themes from the phenomenon of hope.

Reeves (2012) used phenomenology to investigate how AA women who experienced DV used music to aid in the healing of their souls. Reeves mentioned how the Black community is known to protect its members and is hesitant to report DV. As a result, there is a lack of research on DV and AA's. More recently, Bhandari et al. (2015) used qualitative methods to investigate the lived experiences of AA women who were pregnant during the abuse. Although Bhandari et al. focused on the abuse during pregnancy and not on leaving, the authors mentioned there was a lack of information on differences of experiences.

There have been several studies on women who left DV relationships using phenomenology research. These studies were successful in obtaining information that allowed the researcher to better understand the phenomenon among several settings and with several cultures. This study used phenomenology to investigate the lived experience of resilience in AA women who left abusive relationships.

Strengths and Weaknesses of Qualitative Research

Creswell (2009) stated, "Quantitative research is a means for testing objective theories by examining the relationship among variables" (p. 4). Because I did not approach the issue of AA women and DV from a quantitative perspective, I only discussed qualitative approaches used in the past to research the topic of interest. Researchers have approached DV and women using various qualitative designs that included ethnography, grounded theory, case studies, narrative research, and phenomenology. Ethnography, grounded theory, case studies, and narrative research are discussed below and are compared to phenomenology.

Mkandawire-Valhmu, Rodriguez, Ammar, and Nemoto (2009) and Melendez (2010) used critical ethnography to investigate the lived experience of DV victims. Mkandawire-Valhmu et al. used an ethnographic approach to protecting the participants' rights and because this approach would not make their experience worse. Although the women were domestic help, they experienced physical, financial, and sexual abuse while living with their employer, the same form of abuse that women suffer from men in intimate relationships. The strength of using this particular method was the researcher's ability to follow the women for 6 months, creating relationships and building rapport. Melendez (2010) used critical ethnography because the approach was more sensitive to the women and their experiences. Similar to my study, these women were no longer involved in the abusive relationship. This approach is a way to identify similar challenges, fears, and concerns. A drawback to using ethnography is that the researcher would normally spend time with the participant in his or her natural setting for an extended period. This process is done to gain a better understanding of the group's culture (Patton, 1990). For safety and other reasons, it would not be wise to spend time inside an abused individual's home while he or she is still in the relationship. In comparison to ethnography, researchers using phenomenology can extract themes from information that participants tell of their lived experience over a set number of meetings. This approach is not concerned with observation in a natural setting over an extended period as with ethnography. Ethnography's focus is on what the researcher observes during the observation period. Phenomenology's focus is on the participant's meaning of the experience and does not require personal examination. To understand the

phenomenon of AA women who left an abusive relationship, phenomenology is a better choice.

Grounded theory allows a researcher to generate theory from the existing data (Creswell, 2009; Patton, 1990). Randall, Bledsoe, Shroff, and Pierce (2012) used a grounded theory approach to investigate what motivated help-seeking in 62 English- and Spanish-speaking women who were abused. Randall et al. used focus groups where participants told of what inspired them to seek help; these themes were divided into either internal or external categories. A theory was created from the identified themes. The information was compared to other studies on help-seeking. Grounded theory is an appropriate approach when the researcher's goal is to develop a theory from the collected data.

Narrative research involves a participant telling his or her story and having his or her story retold by the researcher (Creswell, 2009). Oke (2008) described narrative research as "bearing witness to and reflecting on" participant's stories (p. 148). Oki conducted a study on Mongolian and Australian women who recovered and eventually remade themselves after surviving DV. Oki interviewed each woman three times within a 2-year period. Oki created themes from the women's stories that also included a personal reflection. Oki described the process as empowering and therapeutic for participants. Narrative research is one way to identify how victims of DV can remake themselves after surviving the abuse.

Grounded theory and narrative research have both proven to be successful qualitative designs in researching women and DV. However, grounded theory and

narrative approach have also been combined and used in researching DV victims. Remmers de Vries and Valadez (2008) used grounded theory and narrative research in investigating the creation of an online discussion board where DV victims shared their stories and discussed a recent DV murder case. Using a combination of the two approaches, Remmers de Vries and Valadez were able to identify three common themes among the online participants. A participant's narrative was used to uncover social and cultural patterns. Narratives were eventually created by using key statements made by the participants. Grounded theory allowed Remmers de Vries and Valadez to create a concept or theme from the participant's discussions (Patton, 1990). The women felt safe discussing their abusive experience via an online forum. Combining the two qualitative designs resulted in the identification of themes similar to past studies involving women and DV and discovering that online forums may become a therapeutic method for victims to share their experience. Using a narrative approach involves combining both the researcher's and the participant's description of what occurred, which is put into chronological order and retold by the researcher (Creswell, 2009).

This study was not concerned with retelling chronological the events of participants' life stories. Narrative researchers combine their view with the participant's view that may be retold from the researcher's perspective. This approach can use one or more participants (Creswell, 2009). According to Andrews, Squire, and Tamboukou (2008), narrative research does not require specific rules on the investigation process. In answering the research question, phenomenology is a better choice because it relies on the participant's view and not that of the researcher. It also calls for the researcher to

interview several participants (Creswell, 2009). More than one participant is needed to develop themes and patterns to understand the meaning of a phenomenon. Therefore, phenomenology is a more appropriate approach to use.

Another qualitative design is a case study. Case studies involve the researcher collecting and analyzing in-depth information on either “special people, particular problem, or unique situation” (Patton, 1990, p. 54). Gaemate and Howley (2009) conducted a case study on DV with a married woman in Melanesia. Gaemate and Howley focused on one participant and on an incident of DV, which occurred for the first time in the relationship. According to Gaemate and Howley, in Melanesia, the woman and her family had a choice to let the courts handle the case or use mediation and restorative justice. The case included an investigation of not only the victim’s perspective but of those closely involved. Gaemate and Howley were able to demonstrate how this particular victim was able to be restored after the incident of DV.

Rolling and Brosi (2010) used a case study to investigate treatment for DV victims. The goal of this study was to assess the contextual model of family stress as a multileveled treatment method. The participant was a European American female in her late 20s with a bachelor’s degree. The participant revealed during the interview process that she was hospitalized as a result of the first abusive incident. Attention was paid to the stressor event, the available resources, and the victim’s perception of the husband, abuse, and the entire relationship (Rolling & Brosi, 2010). This case study was unique in that it directed clinicians to pay attention to multiple influences and to provide some form of intervention. The case study method was appropriate for this particular study and was a

successful method to address DV and women. When compared to phenomenology, case study research often involves the use of data collected from several methods to include direct observations, interviews, and archival records among others (Creswell, 2007). This approach is necessary to analyze a description of various settings or of individuals (Creswell, 2009). Phenomenology is used when the researcher wants to analyze participants' statements to obtain meaning, unlike case study methods. Interviewing is the best approach for this study. Strength in a phenomenology design is the ability to focus on the participant's personal account or description of the experience, which can be contained through interviewing (Creswell, 2007).

After reviewing several qualitative designs used in past studies to research women and DV, the decision was made to address AA women and DV from a phenomenological perspective. Phenomenological researchers focus on the participant's experience. Moustakas (1994) stated, "The aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (p. 13) which is the goal of this study. Qualitative researchers usually focus on some phenomenon or concept (Creswell, 2009; Moustakas, 1994; Patton, 1990). Researchers have used this methodology to investigate women and DV, which often includes AA women. Phenomenological methods are effective in helping to describe a specific phenomenon. This method enabled me to explore the topic of interest and to provide a written description of firsthand knowledge of the women's experience of living with and leaving the abuse.

Researchers carry out their phenomenological study using in-depth personal interviews with open-ended questions. Moustakas (1994) claimed, “the long interview is the method through which data is collected on a topic and question...The phenomenological interview involves an informal, interactive process and utilizes open-ended comments and questions” (p.114). Moustakas stated that the researcher may have questions prepared in advance that may not be used if the participant can provide his or her experience. Moustakas stated that the interviewer might begin the process using casual conversation and some activity that creates a trusting environment. The use of open-ended questions allows participants to describe the situation in their terms in the essence of how it was experienced (Moustakas, 1994). Because the goal of this method is to obtain a rich description from the participant, the use of open-ended questions is required. Overall, a qualitative phenomenological study was an appropriate method for me to use.

Rationale for Concept Selection

There are several reasons that justify the selection of AA women who left abusive relationships. DV happens to individuals of all races and nationalities. As mentioned earlier, DV does not occur at the same rate for all females and higher for AA women. It is considered an epidemic that is associated with long term consequences for some victims who may suffer from posttraumatic stress disorder (PTSD), depression, suicide, and physical health issues among other areas. Victims have expressed difficulty when seeking help for abuse; however, AA women may experience additional barriers in accessing services.

Although DV continues to receive recognition, several scholars have acknowledged the limited research on AA women and DV and have suggested a need for additional inquiry (Alexander, 2013; Bubriski-McKenzie & Jaskinski, 2013; Duley, 2012; Ono, 2013; Reeves, 2012; Sabri, 2013; Taylor, 2010). The NCADV (2011) also called for additional culture-specific research on DV while others request further investigations of the lived experiences of AA women (Duley, 2012; Johnson, 2013). The more we know about this group's experience with violence, the better we can coordinate services that address their individual needs. Recently, Crann and Barata (2016) called for additional inquiry of resilience in IPV survivors. The investigation of the lived experience of resilience in AA women who left abusive relationships will assist in explaining the phenomenon of leaving an abusive relationship.

Social and Community Areas of Concern

Social settings are areas that AA and other female victims have identified as being difficult to have access when seeking assistance. According to Bent-Goodley (2013), AA victims often prolong seeking assistance for various reasons. One reason includes the victim not wanting to get her abuser in trouble therefore, protecting him by not reporting the abuse. This is often referred to as racial loyalty. The belief in racial loyalty is an issue that may be difficult to address with these women. Many of them are taught from an early age that what occurs in the home stays in the home. Seeking assistance even from family is viewed as a betrayal. Richie (2012) stated that AA often attempt to solve their problems when community services and resources are difficult to access. According to Richie, structural racism causes a disadvantage for women who already are the most

stigmatized and receive the least amount of protection. These women are often blamed and stigmatized which is a form of social abuse.

Researchers have acknowledged barriers against this group of women by referring to the social settings as vulnerable positions (Campbell et al., 2008). Service programs should be equipped to address these concerns for AA women, especially if it will help them in their decision to leave. One concern may be not knowing where to go if they were to leave. Some victims do not have access to shelters, transitional housing, or supportive family and friends. Leaving may cost the victim a roof over her head. DV is recognized as a major factor associated with homelessness (Lewinson, Thomas, & White, 2013). These researchers investigated traumatic transitions of 21 homeless women who had previously fled their homes and were living in low budget hotels. Lewinson et al. found that, in addition to others, the women listed institutional subjugation as a stressor. According to them, “They felt stigmatized, belittled, and forced to negotiate difficult application processes for scarce and insufficient resources” (p. 200). The difficulty in accessing resources and the negative treatment has often been a major complaint from victims who requested assistance. It is easy to see why many turn to family and friends for help. Another reported difficulty is fear of interacting with social service representatives. Often these women are cautious who they inform of the abuse fearing if the police get involved, they may also get arrested for previous charges. Victims of DV, including AA women, continue to face hurdles when assessing social service agencies. Hahn and Postmus (2014) called for a comprehensive approach in the identification and delivery of services to women who are survivors of DV. Knowing who victims rely on

for support and how supportive those individuals are can help improve social responses that may lead to victims feeling safer (Belknap, Melton, Denney, Fleury-Steiner, & Sullican, 2009).

Lucea et al. (2013) stated that women of color usually access informal support such as friends, family, coworkers, churches, and others before obtaining formal support. According to Lucea et al., it is usually after the abuse escalates when AA women seek formal help. Several factors listed for the delay include feeling ashamed and embarrassed, self-doubt, and low self-esteem among others. This group of women faces barriers on several levels that make it difficult to ask for help. Lucea et al. focused their investigation on the various cultures of AA and pointed out that not every woman in this race identify as AA; therefore, those in the helping field should be familiar with other cultures. Women from different ethnic backgrounds may experience other barriers when accessing services such as a language barrier. Racism and discrimination were two barriers that this group listed on a structural level for AA victims (Lucea et al., 2013). Nichols (2013) added that when victims do not feel some form of control in the services that they receive, they may feel re-abused and will likely to return to their abuser. Victims should not be pushed or forced to accept certain services that they are not ready to receive.

Medical preference. AA women access emergency room and urgent care services for DV as opposed to primary care physicians more than European American women, meaning that different groups obtain care from different locations (Bent-Goodley, 2013; Hamberger, Ambuel, & Guse, 2007). Bent-Goodley (2013) indicated that AA women usually want medical attention more than assistance for DV, stating that

additional research is needed in this area. Why is it that AA women avoid primary care physicians when reporting abuse? What is it that makes them less comfortable and cause them to reach out to unfamiliar medical attention? Whatever the reasons are, knowing where AA seek help, even if it is for medical care, is a step closer toward incorporating DV services within those organizations. Health care professionals must be able to understand racial differences and be able to respond to their needs when victims present with abuse-related issues. DV can also have negative health consequences for its victims. Black (2011) pointed out how primary care physicians can be a good resource for assisting victims with the necessary medical care but argued that information related to DV would need to be included on standard medical forms. Medical staff should be educated in recognizing signs of DV because it may be the only time a victim seeks assistance surrounding the abuse.

McLeod, Hays, and Chang (2010) investigated various personal and community resources women used when leaving abusive relationships. The services obtained include mental health, legal, social, medical, and spiritual organizations. This phenomenology study revealed both positive and negative experiences participants encountered. McLeod et al. stated, "Major themes regarding experiences with community resources were receiving adequate assessment, feeling validated through community response, being offered protection, and having support and options" (p. 308). These themes can be used to improve on or create more efficient systems and techniques designed to help those who want to leave. Negative experiences with the agencies were seen as barriers. A lack of proper screening, wrong diagnoses and prescribed medication, and not addressing

the abuse in counseling sessions were a few of the issues participants encountered. Other areas of concern included no acknowledgement of when abuse was disclosed, a lack of understanding of what occurs as a result of the abuse, agencies not returning phone calls, a minimal or no protection from law enforcement, no notification of when the abuser is released from jail, a lack of transportation, no flexibility from agencies, and not being able to access shelter services. Facing community and social barriers while trying to leave may hinder a victim's efforts during the process. Agencies need to address these concerns in hopes of easing the transition to a nonviolent life.

AA women may not report violence because they fear that service providers will not treat them appropriately (Taft et al., 2009). Fincher et al. (2014) discovered that AA women disclosed high levels of intimate abuse when screened during their Women, Infants, and Children (WIC) appointment. WIC is often the only form of the health care system that some low-income AA will access (Fincher et al., 2014). One goal is to educate other programs that provide services to AA women who are at risk for abuse and to create various means for reporting abuse.

Shelter access. Researchers have also found that differences exist among rural AA and other women who access shelter services. Few (2005) conducted a popular study that examined 14 shelters over the course of 16 months. With regards to shelter experiences, Few found that most women felt safe once they were at the shelter. AA participants noticed there were no ethnic staff members, which led to feelings of isolation and influenced what was shared concerning the abuse. Few noticed that AA felt more comfortable when there was black employees and volunteers present. AA also

experienced shame for coming to the shelter and guilt for reporting the abuse. AA women did not rely on other residents for emotional support like other groups. On the other hand, the European American women reported no cultural or racial issues or problems. Few called for additional research that will provide additional information regarding DV women who seek shelter.

Gillum (2008) mentioned that few studies have focused on the specific experiences or needs of AA women who are no longer in their violent relationship. Gillum investigated a group of AA survivors and found that the women felt dissatisfied when accessing services due to cultural incompetence within shelters. Participants listed a lack of products and food, insensitivity, lack of assistance, and withholding services as issues. These women also believed they had to prove that the abuse occurred but felt that the European American women did not have to prove their abuse. Gillum expressed that AA used shelter services less than White women. That rate changed when the abuse against AA escalated and became severe.

DV shelters are a great resource for victims, and they offer valuable services (Fowler et al., 2011). Services may include legal advocacy, safety planning, assistance with housing, education and awareness training, job training, transportation to and from appointments, relocation assistance, counseling, and other services unique to each client. According to Fowler et al., regardless of the number of services available, rural, older, and women of ethnic backgrounds often face barriers that make it difficult for them to access these benefits. Shelter services are needed to help women begin living a life free of abuse (Zosky, 2011). Otherwise, these women are forced to remain in the home.

Shelters provide a haven and an opportunity to take advantage of services that may include housing, food, employment and other benefits necessary to leave.

One researcher found that some AA women listed services offered by White staff as noncaring and untrustworthy. These same women often turn to faith-based services instead of accessing shelter-based services (Williams-Jackson, 2010). According to Galano, Hunter, Howell, Miller, and Graham-Bermann (2013), there is a limited amount of research regarding shelter use; however, there are ethnic differences in shelter-seeking. To possibly increase services, shelters must accommodate AA women by offering assistance that address their specific issues.

Nnawulezi and Sullivan (2014) researched racial microaggressions in DV shelters. These authors described racial microaggression as “often unintentional and subtle forms of racism that manifest in interpersonal communications, behaviors, or environments” (p. 563). Participants listed a lack of ethnic hair products, a lack of culturally specific food, and the absence of AA staff members as complaints. Some reported nonenvironmental microaggressions as insensitive or rude comments. However, all participants agreed that they did not experience racism which differed from other studies. There is limited research on AA victims accessing shelter services and, therefore, additional research may contribute to what is known about this group.

Religious support. AA women have acknowledged the presence of a church or their religious beliefs as beneficial during and after the abuse. This form of social or community support should not be overlooked when investigating AA women who are abused. Spirituality has helped AA women cope with the effects of abuse (El-Khoury et

al., 2004; Mengesha & Ward, 2012; Mitchell et al., 2006). These women rely on religion or spirituality as a mechanism for coping with some aspects of DV (Fowler et al., 2011; Mengesha & Ward, 2012). According to Mengesha and Ward (2012), AA women tend to use therapy less often than other groups, terminate early, and use religion as a coping strategy. The authors call for mental health clinicians to be more patient-centered and culturally sensitive and include religion as a part of therapy with depressed AA women.

AA women often use services from Black churches including counseling from clergy (Mengesha & Ward, 2012). However, some clergy may lack the needed knowledge to counsel victims of DV (Brade & Bent-Goodley, 2009). Fowler et al. (2011) found that women who had a high level of spirituality did not use shelter-based services as much as they did faith-based services. They recommend the possibility of shelters including more spiritual-based components as a part of the services offered. AA women use spirituality as a coping mechanism and also report fewer negative symptoms related to their mental and physical health (Fowler & Hill, 2004; Gillum, 2008; Paranjape & Kaslow, 2010). One study found that AA sexual assault survivors who used religious coping reported higher levels of depression and posttraumatic stress disorder symptoms, possibly due to a negative belief that God was punishing them (Bryant-Davis, Ullman, Tsong, & Gobin, 2011). Mental health workers must be aware of the possibility that a victim may blame him or herself and explain that the abuse is not their fault.

AA women who are survivors of DV tend to use prayer and religion more than other female groups (Lilly et al., 2015). They also may attend church services more often than other groups that may lead to an increase in social support for this group. Religion is

often used as their main tool for coping and recovering from abuse. However, Bent-Goodley (2013) warned that victims' chances of receiving more abuse after using informal support increases mainly due to certain faith-based organizations presenting mixed messages and how the victim conceptualizes the abuse. AA victims' help-seeking skills must be acknowledged particularly when spirituality or religion is used in coping with DV.

Suicide. AA women who leave an abusive relationship may experience poor mental health. DV victims' chances of poor health double that of women who are not in abusive relationships (Bent-Goodley, 2007). The CDC (2012) listed DV as a public health problem in the United States. According to the CDC, each year victims are affected by DV physically and mentally. Victims of DV are at an increased risk for suicide (Leone, 2011). Because AA experience abuse at a higher rate, they may experience a higher occurrence of suicide (Compton et al., 2005; Kaslow et al., 2006; Leone, 2011).

Leone (2011) studied suicidal behavior in low-income AA women in three different types of intimate relationships known as Intimate terrorism (IT) described as general patterns of physical violence, situational couple violence (SCV) that is more sporadic, and nonviolent relationships. Leone found that suicidal behavior doubled for women in IT relationships versus those in SCV relationships. She also stated that IT victims might present with additional injuries, symptoms of poorer health, and complaints of depression. These women are likely to seek assistance from formal support, especially when the abuse becomes severe. She identified a distinction in suicidal behavior in different types of intimate relationships. This information is beneficial when assisting DV

victims in coping with or trying to recover from abuse. Those in a position to help can tailor the intervention depending on the type of intimate relationship. Some AA women are hesitant in seeking assistance or service from an agency that they believe has caused them social harm (Bent-Goodley, 2004; Wong, Maffini, & Shin, 2014). However, victims often need the assistance of others to leave a DV relationship and start over.

Even though there is an increased risk of suicide among abused AA women, Spates (2011) explained that there is a shortage of research on this group, which may be due to them having the lowest suicide rates. Spates also listed untreated depression as the leading cause of death for AA women. Davis et al. (2009) stated, in 80% of suicide attempts, women list abuse as a factor. These researchers suggested the creation of programs and interventions strategies that are unique to the AA culture and concentrate on the areas that these women find the most problematic. Because social support is a coping strategy (Compton et al., 2005; Mburia-Mwalili et al., 2010), effective support must be provided that will lessen stress and depression levels that may put the women at risk for suicide.

One place where victims seek support is in DV shelters and programs. Wolford-Clevenger and Smith (2014) explained that suicide ideation and attempts increase for DV victims seeking shelter. According to Wolford-Clevenger and Smith, the change to a shelter environment is an adjustment that can be challenging. Wolford-Clevenger and Smith stated that additional stress and worry is added when the women begin looking for employment and engage in other shelter-related activities, which may make the women more receptive to risks of suicide. One area that may be of concern is the race of the

individuals interviewing victims. Samples et al. (2014) investigated the effects of the interviewer's race with low-income AA women in the disclosure of intimate partner violence. Participants reported more stressors and victimization in AA interviewers than in interviewers of other racers. Additional research from a cultural perspective is needed in assessing these women.

Resilience

The rate of DV for AA women may be higher than other groups and more severe; however, some are successful in leaving the violence for good. Researchers continue to examine how victims move beyond their former life and into an abuse free environment. Throughout the literature review, we learn how victims adjust to life after the abuse, resources used when leaving, how decisions are made concerning leaving, and factors that influence those decisions among other useful details. Researchers highlighted depression, PTSD, suicide rates, increased medical costs, anxiety and other negative aspects of DV. Researchers eventually began to focus less on negative and more on positive dynamics of DV and IPV. The significant shift toward positive psychological research came around the time "positive psychology" emerged (Rutter, 2012). The overall goal is to highlight the positive and place less emphasis on any maladaptive.

One area that continues to receive attention in positive psychology is the study of resilience in victims and survivors of DV or IPV. However, there is controversy among researchers on how to define it. There have been numerous characterizations outlining resilience and how constructed. It may be helpful to possess a clear understanding of it and knowledge of how it relates to those exposed to intimate violence when applying it to

research. Included in the definition, are the presence of protective factors that changes the outcome of risk toward a positive direction that include community, family, and individual (Luthar & Cicchetti, 2000) and hope, spirituality, self-efficacy, coping, social support—family, social support—friends, and effectiveness of obtaining resources (Meadows, Kaslow, Thompson, & Jurkovic, 2005).

Luthar and Cicchetti (2000) also describe it as a process where positive change occurs despite the presence of adversity or trauma. They distinguished it as a two-dimensional construct that consists of some adversity and the demonstration of a positive outcome or adaptation. This definition did not include the notion of resilience as an individual attribute or personality trait (Luthar, Cicchetti, & Becker, 2000).

Arriving at a consensus of a definition has been a challenge for researchers (Waller, 2001) as they continue to go back and forth on how best to describe it. According to Tusaie and Dyer (2004), resilience can be viewed by either a qualitative categorical construct or by a range of successful and adaptive experiences and seen as a continuum by some (Hill, 2009). He believed the construct is common and DV victims have individual strengths and abilities that increase resiliency. Hill mentioned six specific characteristics that victims possess that allow them to weather the storm and move forward that include: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. A more recent definition defines it as, “the capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development” (Masten, 2011, p. 494). Some acknowledged the disagreement

among scholars on how to define it but argued that it may be due to the questions researchers ask and the type population under investigation (Crann & Barata, 2016).

Hjemdal et al. (2011) states empirical evidence confirms a consensus on three principle resilience characteristics, individual positive dispositional attributes, family support and coherence, and external support systems outside the family. Resilience is an active process where positive change occurs despite adversity using individual and external factors toward building resilience (Lo`pez-Fuentes & Calvete, 2015); however, there are other aspects regarding the concept worth exploring. Because I was not concerned with defining resilience or investigating traits associated with it, the above definitions provide a brief overview.

Research on resilience related to IPV survivors produced an overwhelming amount of data. Although investigators have been able to provide various definitions and viewpoints, others argue a lack of research exist that provides a clearer understanding of how it aids women leaving the abuse (Cordero, 2014). For the scope of this paper and due to the volume of data on resilience, my concentration was on a recent study that investigated the lived experience of IPV survivors and on any related to AA women specifically.

Some researchers have noted characteristics they believe represents resilience in these women. Wright, Perez, and Johnson (2010) investigated the role of empowerment as a resiliency factor in AA victims and suggested that AA women possess internal methods for coping with abuse, and these high levels of empowerment may explain decreased levels of posttraumatic stress and depression symptoms. The absence of

distress or psychopathology is an indicator of resiliency, which is one reason why some AA women are not offered services related to DV (Wortham, 2013). Although AA women's experience of DV may differ from that of other groups, it does not serve as a reason to deny services offered to other women. A more appropriate solution may include altering services to address their needs. It also supports the issue of structural racism mentioned earlier (Richie, 2012).

Meadows et al. (2005) explained resilience regarding suicide attempts. Meadows et al. studied protective factors against suicide attempts in low-income AA women who had experienced recent IPV. Meadows et al. listed protective factors as hope, spirituality, self-efficacy, coping, social support–family, social support–friends, and the effectiveness of obtaining resources. Meadows et al. found that each of the factors against suicide attempts was positively related, and AA women who possess high levels of these factors are less likely to attempt suicide. It may explain why AA women also have the lowest suicide rates (Spates, 2011). Social support from family and friends, possibly including church members, was also a strong protective factor against suicide attempt. AA often decide to rely on informal support before using formal support (Lucea et al., 2013). The low-income, abused women are most likely to turn to friends and family that provides a sense of control and power of their situation (Mitchell et al., 2006). Victims need to feel safe and comfortable when accessing any assistance. Easier access may explain a sense of resiliency, especially if the victim lost hope from previous attempts. External resources affect resilience (Smith, Murray, & Coker, 2010). A clear understanding of these traits in AA women is limited (Wortham, 2013), which has the potential to create culture-specific

intervention programs. A list of protective factors explains how some women can display strength during the abuse. Each may increase the understanding of how individuals appear as resilient; however, they fail to provide knowledge of how survivors experience resilience.

Crann and Barata (2016) acknowledged that data exists on psychological resilience in regard to IPV women survivors. On the other hand, Crann and Barata identified a gap on the lived experiences of resilience for these women. Crann and Barata suggested that multiple conceptualizations have resulted in placing it into three broad categories: lack of a clinical diagnosis, the presence of factors that are related to resilience, and scores from resilient scales. Crann and Barata stated that little is known about the lived experience of resilience in IPV survivors, mainly due to past scholars' narrow conceptualization and measurement of it. Young (2007) and Anderson, Renner, and Danis (2012) used women voices in their examination of resilience. However, they each drew criticism for limiting the sample to participants who were free of abuse for a year. The emphasis was on personal or social factors that influenced resilience and the impact abuse had on participants.

Crann and Barata (2016) considered their work as a starting point for future research in the area. Crann and Barata's phenomenology study centered on the lived experience of 16 multicultural participants between 18-and 55-years-old and took place in Ontario, Canada. Two participants were currently in abusive relationships, and the other 14 had a history of abuse. Crann and Barata wanted participants who were currently in abusive relationship to prevent the assumption that resilience occurs after a particular

time the abuse stops. Semistructured, face-to-face interviews was used, transcribed verbatim, and analyzed for common patterns and themes. Specific questions were designed for participants to produce descriptions of their experience of resilience. They were not provided a definition to allow them to tell of their mental grasps of resilience.

After reading each interview line-by-line and extracting relevant statements, common themes were created that explained how the phenomenon occurs. Crann and Barata suggested that participants' experience of resilience emerged as cognitive, emotional, and behavioral shifts described as changes in the women's thinking, feeling, or behaving. The shifts were either toward the participant, the abuser, the relationship, the violence, or other parts occurring abruptly but mostly over time and often several transpiring in one area. Crann and Barata listed three unique themes including towards resistance, in the experience of control, and toward positivity as areas the shifts occurred. There is a review of internal and external factors and process that assist in the development of and in maintaining resilience (Crann & Barata, 2016).

Resilience research provides data toward defining it. It explains how some victims pull through difficulty without psychological symptoms. Also, it provides examples of protective factors or individual characteristics present in those who are resilient. When it comes to AA victims of DV, this group of women tend to rely on a support system that includes family members and friends initially before seeking assistance from community agencies. When AA women who experienced DV and who possess certain protective factors like hope, spirituality, self-efficacy, coping, social support–family, social support–friends, and the effectiveness of obtaining resources, they are less likely to attempt

suicide. These women also have lower levels of symptoms related to depression and PTSD. The investigation of the resilience of AA women with a history of abuse has increased the knowledge in resilience research; however, a gap exists on how they experience resilience. Additional research is needed, and this study's goal was to add to existing data obtained by Crann and Barata (2016).

Summary and Conclusions

This chapter consisted of an introduction, the literature search strategy, theoretical foundation, a literature review related to key variables and or concepts, and summary and conclusion. Several major themes surfaced during the literature review, for example, researchers listed AA women as suffering abuse at higher rates than other groups, the majority of researchers mentioned a gap in the literature AA women who experienced DV (K. M. Anderson, Renner, & Danis, 2012; Bent-Goodley, 2013; Bhandari et al., 2015; Gaines, 2008; Taft et al, 2009; Anderson-Wilhoite, 2014; West, 2004). Also, violence against this group is usually more severe and lethal (Black et al., 2011).

Despite what is known regarding AA women who have left abusive relationships, researchers are calling for additional investigation to understand better cultural differences, specifically how these women experience DV (Alexander, 2013; Bell & Mattis, 2000; Bubriski-McKenzie & Jaskinski, 2013; Duley, 2012; Gillum, 2008; Josephs & Abel, 2009; Montalvo-Liendo; 2008; Ono, 2013; Reeves, 2012; Sabri, 2013; Taylor, 2010; Volante, 1998). We learned these women tend to use family members as support and tend to use formal assistance more (Lucea et al., 2013). However, they reported feelings of isolation when shelter services were obtained (Gillum, 2008). They tend to

use emergency rooms and clinics more than primary care physicians when seeking medical assistance (Bent-Goodley, 2013; Hamberger, Ambuel, &, 2007). Prayer and the church are an additional support that AA women use in coping with the abuse (Lilly et al., 2015; Williams-Jackson, 2010).

AA women regularly sought informal assistance before turning to formal help that includes family, friends, churches, and co-workers (Lucea et al., 2013). Religion or spirituality was identified as a known coping mechanism for DV used by AA women (El-Khoury et al., 2004; Fowler et al., 2011; Mengesha & Ward, 2012; Mitchell et al., 2006). Ethnic differences are believed to contribute to AA women turning to faith-based services. Although some churches offer counseling and personal guidance for abuse related issues (Mengesha & Ward, 2012), many do not possess knowledge of DV to provide adequate assistance. Lilly et al. (2015) found that AA women relied more on prayer and religion, attended church more regularly, and listed religion as their primary coping mechanism. Despite its significance, victims who utilize informal assistance run the risk for re-victimization when presented with mixed messages surrounding the abuse. One way to address the issue calls for shelters to add faith-based features to their existing services (Fowler et al., 2011). It may also benefit clergy to invest in DV training since according to Fowler et al., AA who reported a strong religious background, used shelter services less than faith-based.

Problems related to accessing shelter services were also identified as major concerns for AA women (Few, 2005; Fowler, 2011; Galano et al., 2013; Gillum, 2008; Nnawulezi & Sullivan, 2014; Williams-Jackson, 2010; Zosky, 2011). None ethnic staff

members, none cultural foods, no access to ethnic hair care products, culturally sensitive comments, and the belief that AA women have to prove the abuse were just a few issues reported. Gillum (2008) said AA use shelter services less often than white women. Although Galano et al. (2013); agree that ethnic differences exist, the researchers pointed out a lack of research and called for additional services that address those ethnic differences.

Scholars claim that AA women endure more common health problems than other groups of women due to the abuse (Office on Women's Health, 2012). Suicide is increasing among the group; however, they still have the lowest rates (Leone, 2011). One explanation includes the presence of protective factors such as hope, spirituality, self-efficacy, coping, social support—family, social support-friends, and the effectiveness of obtaining resources (Meadows et al., 2005). The literature review also indicated how AA victims differ when obtaining medical attention for DV. These women seek care from emergency rooms and urgent care centers more so than from their primary care physicians (Bent-Goodley, 2013; Hamberger, Ambuel, & Guse, 2007) when compared to other groups. However, not all facilities are adequately equipped to assist DV victims (Black, 2011). Black called for additional training for physicians since this may be the only time a victim may reach out for help. A comprehensive knowledge of DV related issues is needed to provide adequate services to victims desiring a life free of abuse. Concerns related to proper screening were identified and presented as barriers for women who wanted easier access. McLeod, Hays, and Chang (2010) urged for a closer

investigation of these systems aimed at supporting victims especially when barriers affect how these women reach out for assistance (Ono, 2013).

Structural racism (Richie, 2012), fear, shame, self-doubt, negative treatment, and complicated applications when accessing resources (Lewinson et al., 2013; Lucea et al., 2013) are several reasons researchers used to explain why the problems exist. Social service programs are beneficial in providing resources to victims. To address issues with service delivery, Postmus (2015), called for a comprehensive approach to meet victim's needs.

Research is still needed in understanding the lived experiences of AA women (Duley, 2012; Gillum, 2008; Josephs & Abel, 2009; Johnson, 2013; Montalvo-Liendo, 2008). The lived experience of resilience is one area identified as needing additional investigation (Crann & Barata, 2016). The authors state that a significant amount of past research has focused on the negative consequences DV or IPV have on women. The goal of this phenomenology study is to fill a gap by adding to existing literature regarding the lived experience of resilience of AA women. Resilience research supports the above studies on AA women use of formal assistance that often includes the church and on having the lowest suicide rates (Meadows et al., 2005). Also, low-income AA women are more likely to seek informal support that provides a sense of control and power of their situation (Mitchell et al., 2006). Again, data is consistent with earlier studies indicating AA women report barriers when obtaining services through formal agencies. Researchers suggest the presence of these protective factors characterizes resilience and provides a deeper understanding of how they can move beyond their struggles. However, their

definition of resilience does not explain how these women experience their ability to cope with and move through the abusive relationship.

Crann and Barata (2016) provide the most recent data on the lived experience of resiliency of women who are IPV survivors. Their findings suggest resilience is conceptualized as cognitive, emotional, and behavioral shifts in the women's thinking, feeling, or behaving toward the participant, the abuser, the relationship, the violence, or other parts. It may occur abruptly but mostly over time and often several transpiring in one area. Findings have the potential to uncover cultural-specific data on how this group views their experience of resilience. The information may assist other AA women wanting to leave an abusive relationship, therefore, decreasing the number of violent incidents against this group.

Chapter 3 provides an introduction, research design and rationale, role of the researcher, methodology, issues of trustworthiness, and a summary.

Chapter 3: Research Method

The purpose of this study was to investigate the lived experience of resilience of AA women who left an abusive relationship. Chapter 3 includes the following areas: research design and rationale, role of the researcher, methodology, participant selection, published and researcher-developed instrumentation, procedures for pilot study, procedures for recruitment, participation, data collection plan, data analysis plan, issues of trustworthiness (ethical procedures), and a summary.

Research Design and Rationale

The research question for this study was the following: What is the lived experience of resilience of AA women who left an abusive relationship? The research question was used to guide this study addressing experiences of resilience of AA women during their time in a DV relationship. Many females fall victim to DV. DV affects some women at a higher rate than others, particularly AA women (Anderson-Wilhoite, 2014); however, some of these women have found ways to leave an abusive relationship. Interviews, surveys, field notes, and demographic information were used to answer the research question.

The qualitative method chosen to guide this study was phenomenology. A phenomenological design allowed me to obtain personal descriptions of the lived experiences of the participants. Patton (1990) described phenomenological research according to the type of data and information obtained from detailed descriptions or direct quotes. The information gathered is considered firsthand or observed with no attempt to place individuals into standardized categories (Patton, 1990). According to

Patton, a qualitative researcher's goal is to document what is told to him or her by individuals using the participant's exact words. For this study, the goal was to describe the lived experiences of resilience of AA women who successfully left the DV relationship. A phenomenological design allowed me to gain a better understanding of what these women experienced.

Phenomenology sidesteps traditional research by allowing more flexibility for the researcher and a chance to study participants in their natural environment (Rudestam & Newton, 2007). The approach focuses on how people make sense of their environment to explain a particular phenomenon (Rudestam & Newton, 2007). The goal of phenomenology is to describe the event using the participant's personal account of what occurred. For this study, each participant provided an in-depth description of her experience of resilience during the time she was abused up to the time she left the relationship.

Creswell (2009) stated that "qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (p. 4). Creswell further explained that this form of research usually involves using a natural setting for collecting data directly from participants through various means that may include interviewing. Creswell stated that although forms or questionnaires may be used, it is the researcher who gathers the information. For this study, interview questions focused on the lived experience. The researcher used information from interviews and field notes to organize the data into meaningful categories or themes.

Phenomenological researchers do not use research labs; they are considered field agents who use the participant's natural setting to collect their data (Creswell, 2009). The researcher speaks directly to the participants to gather information. Researchers must be able to refrain from any previous bias they may have on the topic (Groenewald, 2004). The researcher must collect data, suggest appropriate instruments, and determine how the data will be analyzed. In the current study, phenomenology was chosen because it allowed me to understand the lived experiences in an effort to understand the phenomenon. Creswell (2009) claimed that "phenomenological research is a strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants" (p. 13). This approach allowed me to describe the human experience the participants had and how it impacted their lives. In turn, I described what the women endured from their perspective. Patton (1990) stated that phenomenological research involves a naturalistic approach in which the researcher does not manipulate variables or try to control what occurs. Rudestam and Newton (2007) emphasized that phenomenology is not a description of the daily world that people experience but rather addresses a specific phenomenon. Groenewald (2004) stressed that anything that happens outside of the lived experience should be ignored. This process ensures that the data provided are not contaminated with other outside details. The process is referred to as *epoche*, which means to abstain from what a researcher already knows, including personal biases (Moustakas, 1994; Patton, 1990). Moustakas (1994) further explained that some experiences are so deeply embedded it would be difficult to obtain a perfect *epoche*; however, it puts the researcher in a position of being open to the

information received. Moustakas viewed the process as preparing to learn new knowledge about the phenomenon. Patton also referred to the process as taking on an attitudinal shift.

The next step is referred to as transcendental phenomenological reduction (Moustakas, 1990) or phenomenological reduction (Patton, 1990). Patton (1990) referred to phenomenological reduction as “describing in textual language just what one sees, not only in terms of the external object but also the internal act of consciousness, the experience as such, the rhythm and relationship between phenomenon and self” (p. 90). During this procedure, Patton suggested that the researcher bracket assumptions, enabling the researcher to pinpoint the data in a pure form. All data are treated as equal, known as horizontality, before they are clustered into significant groups or themes. These groups are scanned for repetitive and unrelated data that are removed. Moustakas (1994) further described the remaining clustered information as *horizons*, otherwise known as the descriptions of the phenomenon.

Moustakas (1994) referred to the third step as the *imaginative variation*. During this stage of the research process, the goal is to search for meanings by imagining every possibility. Moustakas explained imaginative variation as trying to arrive at answering “how did the experience of the phenomenon come to be what it is?” (p. 98). Moustakas suggested using imaginative variation (imagination) to look for potential meanings from different viewpoints.

The final step in phenomenological research is called *synthesis* (Moustakas, 1994; Patton, 1990). Patton (1990) described the process as the “bones” (p. 409) of the

experience. Patton explained that the researcher's role is to get underneath the basic experience and uncover deeper meanings associated with the experience that will reveal the core of the phenomenon. This step also involves combining the structural and textual descriptions (Moustakas, 1994).

Role of Researcher

Creswell (2009) stated that the researcher's role in a phenomenological study is intensive. I had an active role in collecting data through instruments and an in-depth interview. My role as the researcher also included analyzing the data. Creswell stated that it is necessary for the researcher to be straightforward with regard to his or her biases, background, culture, gender, or any information that may influence the study. Creswell also mentioned that ensuring access to where the research is conducted and managing ethical issues are part of the researcher's role. Creswell stated that the researcher is responsible for listing any connections to the participants, how participants' permission will be obtained, and any other matters that are considered ethical issues, including conflict of interest or power differentials, a justification for the use of incentives, and the plan for addressing these issues.

One of the first steps in phenomenological research involves the researcher acknowledging what he or she already knows about the topic to be in a position to learn new information (Moustakas, 1994; Patton, 1990). Moustakas (1994) recommended a process called *reflective meditation* that helped me identify what I knew about DV and set that information aside. After the meditation and reflection, I accepted new data without interjecting my thoughts. Moustakas warned that bracketing everything is not

possible; however, using bracketing helps to lower the chance of bias. First, I acknowledged my background working with victims of DV. I am an AA female who has completed two practicums assisting victims of DV, one for degree requirements and the other for licensure. Despite my passion for working with victims, questions were not asked of participants that suggested I have any connection to the population. Only information obtained from participants was used during interpretation. I have not personally experienced violence; however, I have extended family members and friends who were or are still in abusive relationships.

My previous employment as a shelter coordinator or as a victim advocate could have created the possibility for a supervisory or instructor relationship involving power over the participants. Applicants were carefully screened and would have been excluded as participants if they were residents of the shelter or were a direct client from June 1998 to June 2007. I would have eliminated these particular participants to not only reduce the chance of possessing power over the relationship, but also as a way of managing personal bias. Although not all personal bias can be eliminated from research, it is important to acknowledge when a bias is present.

According to Watt (2007), learning occurs as a person reflects on his or her behavior and thoughts in addition to the phenomenon. Watt detailed how a researcher should keep a reflective journal to record his or her vision of the project. According to Watt, the researcher should list his or her assumptions that could potentially influence the study. My goal was to record a personal description of my experience conducting a qualitative research project.

Methodology

This section includes details about the target population and criteria for selection, the number of participants, the selection process, and the relationship between saturation and sample size.

Participant Selection Logic

The target population for this study was AA women who once were victims of DV. Participants were required to live in Bell County, Texas. The sampling strategy was purposeful sampling. According to Patton (1990), “different sampling strategies serve different purposes” (p. 104). Patton stated that purposeful sampling is used when a researcher wants to know something about a particular group. Patton stated that certain information must be known about the sample: “the logic and power of purposive sampling lie in the selection of *information-rich cases* for the study in depth” (p. 169). Rudestam and Newton (2007) indicated that purposeful sampling is used to “increase the scope or range of data exposed” (p. 106). Purposeful sampling is the best approach when the researcher wants to select participants who match particular criteria or who have experienced the same event. Creswell (2009) claimed that purposefully selected participants and/or instruments is how qualitative researchers gain a better understanding of the phenomenon. Purposeful sampling was appropriate in this study because it allowed me to gather detailed, rich information on AA women who left their abusive relationship (see Patton, 1990).

According to Marshall (1996) and Patton (1990), qualitative researchers do not specify exact sample sizes; instead, the researcher needs to consider how many

participants it will take to answer the research question adequately. Rudestam and Newton (2007) stated that phenomenological studies typically include 10 or fewer participants whom researchers are in contact with for 2 or more hours. Rudestam and Newton noted that it is important to recognize when data appears to repeat itself, known as saturation. When saturation occurs, the researcher should stop the data collection (Rudestam & Newton, 2007). I reached saturation with 10 participants. I was able to collect enough data using a small group of participants, so I did not have to interview additional participants.

The participants had to meet the following inclusion criteria for this study: (a) been a victim of DV (physically, psychological, or sexual abuse); (b) currently not in an abusive relationship; (c) must have left an abusive relationship for a minimum of 2 years; (d) must be 18 years or older; (e) are residents of Bell County, Texas; (f) and agree to an initial face-to-face interview. To recruit participants, I listed an ad (Appendix A) in the *Killeen Daily Herald* and *Temple Daily Telegram* and posted the same ad in the form of a flyer in several smaller cities that do not have a newspaper. My goal was to place these flyers, with permission, in places such as medical clinics, social services offices, courthouses, and other places with high traffic. I also listed a contact number on the flyer for the participant to contact me. Callers were given a full description of what the study entailed, and their questions were answered regarding what was required to participate. If a person met the criteria and agreed to participate, an established location for the interview was determined. My main concern was that the participant felt comfortable. Each participant had to agree to two meetings to complete the interview and a follow up.

Interviews may took 20 to 45 minutes and was audiotaped and documented in field notes. The participant were contacted for follow-up interviews once the data have been analyzed.

I used the prescreening interview form (Appendix B) to determine eligibility when participants called. The location (a private room in a public library) of the interview was decided upon by the participant and me. Suggested locations included public schools or community libraries, community centers, fitness centers, local churches, or other locations that offered privacy and an adequate layout that included a table, chairs, good lighting, private room to meet in, and electrical outlets. Confidentiality included using a pseudonym, and all data will be kept confidential in a locked filing cabinet. Permission was obtained to audiotape interviews.

Participants were informed that the destruction of all written and recorded material will be carried out after the completion of the dissertation and with permission from Walden University. Incentives were not offered. Participants were informed of the nature of the questions that were asked during the interview and could at any time decide that they no longer wanted to participate by informing me. There was the possibility that discussing the past abuse may generate unpleasant feelings or memories associated with the abuse. I am a licensed professional counselor and certified DV counselor, and I will had a list of community resources (Appendix K) that offered counseling and other assistance to anyone experiencing issues related to DV.

Instrumentation

Qualitative researchers use several forms of data collection that may include observations, interviews, documents, and audiovisual material (Creswell, 2009). Creswell (2009) listed interviews as a form of collection and a way that the interviewer can control the questioning. This approach also allows for face-to-face interaction with participants to elicit direct information concerning their personal experience. Because I chose to use interviews as the main instrument in data collection, Rudestam and Newton (2007) stated that I must demonstrate how the interviews would be sufficient for answering the research question. I used a total of two data collection instruments to assist in the interview process. Before interviewing participants, each participant was required to complete a prescreening interview form (Appendix B), consent form (Appendix C), demographic questionnaire (Appendix D), consent to record (Appendix E), and the interview questions (Appendix F). I audiotaped each interview and documented nonverbal actions in field notes. Permission was obtained (Appendix G) from Volante (1998) to use the prescreening interview form (Appendix B).

The instrument was used previously by Volante (1998) in research on DV. Volante used the prescreening form in a qualitative research project on techniques and strategies used by victims of DV to break the cycle. Volante's participants included women of several ethnic backgrounds (European American, AA, mixed, Asian American, American Native American, and Hispanic American); however, in this study, I only focused on AA women who left an abusive relationship. Although this population was included in Volante's original study, there was a need to modify the instrument to

remove questions that are not phenomenological. The instrument was used in a pilot study, and adjustments were made as needed to establish content validity. Volante wrote that the instruments were pertinent and efficient. Permission was obtained (Appendix G) from Volante via e-mail; also, I contacted Volante and obtained verbal permission. Volante granted permission to change the length of time on the prescreening form. If additional changes are needed to either form, I would have e-mail Volante before making any changes requesting permission to do so.

Gonzalez (2010) also gave permission (Appendix H) to use the consent to record (Appendix E) used in the area of DV with Hispanic American women and their experience with DV. Gonzalez recruited 10 participants; however, only seven were used in the study. I spoke to Gonzalez and obtained verbal permission before sending an e-mail. Written permission was received to use and tailor the instrument to fit the population for my research. Gonzalez did not list how validity was established with the instruments. However, the data Gonzalez obtained from participants for the study suggests that the instrument has content validity. Because both scholars were successful at obtaining data from women who had experienced DV, the instruments were effective in this study.

Lastly, written permission was obtained via e-mail from Crann and Barata (2016) to use interview questions (Appendix F) that were previously used in their research of resilience of women who are survivors of IPV. Sixteen participants 18-55 years of age were recruited from various ethnic backgrounds.

Procedures for Recruitment, Participation, and Data Collection

Two instruments were used to answer the research question, including a demographics questionnaire (Appendix D) and interview questions (Appendix F). The demographics (Appendix D) contain short answer questions that cover basic demographics. It was created by the researcher and included information that was obtained by Crann and Barata (2016) from participants. The answers assisted in identifying areas that had a bearing on how participants experienced resilience and eventually left the relationship to include if there were children and other distinguishable information. The participants' responses were combined with the responses from the open-ended interview. In addition, each participant's lived account of her experience of resilience was helpful in understanding areas that were impacted most, which was necessary for the analysis phase in developing meaning, codes, and themes. Each instrument was administered once for each participant.

The interview questions (Appendix F) were an open-ended set of questions that was used to answer the research question by eliciting the participant's lived experience of resilience during the time they were in an abusive relationship. I gathered the participant's thoughts, emotions, and feelings experienced as resilience in her abusive relationship that addresses the research question. In addition to helping me gain a better understanding of living with abuse, the instrument also was used to extract how the participant described their experience of resilience. Interviews using open-ended questions allowed the researcher to extract participants' views and opinions (Creswell, 2009; Patton, 1990; Rudestram & Newton, 2007). Questions can be used to probe the

participant to describe deeper explanations of what occurred. Patton (1990) listed characteristics of an open-ended interview to include questions created in advance, questions that are asked in the same order to each person, and questions that are open-ended (p. 289). Patton also stated that the open-ended questions could be used to decrease the researcher's influence on the interview, compare participants' responses, and simplify the data analysis process. On the other hand, Patton warned that the use of open-ended questions might place constraints on the interview. When accurately documented, open-ended interviews have high trustworthiness but little structure (Rudestam & Newton, 2007). Patton also suggested taping the sessions and relying less on field notes that are both low intrustworthiness and structure.

Before the initial meeting, participants completed the consent (Appendix C) and consent to record (Appendix E) form. The consent form provided details concerning the study, including the nature of the study, confidentiality, limits of confidentiality, benefits and risks, compensation, and contact information. Signing the consent form was a necessary first step of informing participants of what to expect throughout the study. The consent to record form included an explanation of the use of pseudonyms, destruction of tapes, the right to withdraw from the study, and permission to audio tape the interview.

The interviews lasted 20-45 minutes each depending on how long it took each participant to provide her answers to the questions. The possibility of more than one meeting was explained to participants during the initial meeting. The participant and I agreed upon the location for example, a private room at a public library, a date, and a time for a follow-up meeting. Interview notes were created, and the interview itself

was audio taped and later transcribed (Creswell, 2009; Moustakas, 1994; Patton, 1990). Smith, Flowers, and Larkin (2009) suggested six participants for first-time researchers. I have estimated 10 participants will be an adequate number for this study. I was able to obtain an adequate number of participants, and did not ask permission to rerun the ad to recruit and interview additional participants. All participants were thanked for their participation in the study at the end of the final meeting. No participant appeared to experience any emotional turmoil as a result of participating. However, they were encouraged to contact local agencies (Appendix K) if they begin to experience negative emotions after leaving the interview. The agencies were available to provide assistance to victims of DV. If I would have noticed any participant who appeared to be experiencing emotional turmoil, I would have referred the participant for services.

Data Analysis Plan

The goal of this study was to understand, what were the lived experience of resilience of AA women who left their abusive relationship? The data collected from the study's two instruments connected directly to the research question. The demographic questionnaire form (Appendix D) was used to collect basic demographic information. The interview questions (Appendix F) included questions on how participants coped with the experience of abuse, times they did not feel resilient, why they considered the experience to showcase or not showcase resilience, and how the experience changed over time. The information obtained aided in understanding the history of the abusive relationship and assist in extracting the lived experience of resilience that assisted the participant in leaving.

Moustakas (1994) listed the long interview as the primary method of data collection that the researcher will use. The questions were created in advance; however, Moustakas stated that they may be altered or not used at all when the coresearcher (participant) begins to share his or her experiences. The personal interview also ensured that the researcher collected the same information on a topic (Patton, 1990). The goal was to make meaning of the information obtained in the hope that it would provide details on the lived experiences of each participant. Several researchers have suggested using an open-ended interview protocol (Creswell, 2004; Moustakas, 1994; Patton, 1990). The protocol usually contains the interviewer and interviewee's name, date, and the location the interview took place. It also includes the questions that will be asked of the participant, which will be spaced out so that I can record what is told to me. Phenomenology interviews usually begin with a casual conversation that is intended to create a trusting environment for participants (Moustakas, 1994). Before starting any interviews, I made small talk to help ease any nervousness that the participant may be experiencing.

The use of detail-oriented probes (when, where, who, how) were incorporated if needed to help participants deepen their responses (Patton, 1990). Patton stated there may be a need for elaboration probes that will cue the interviewee to continue speaking and may be conveyed with a gentle nod. Listening closely to responses was helpful in determining if I were obtaining the information needed to answer the research question. It involved me maintaining control of the interview (Patton, 1990). Patton stated that the researcher should develop a system or shorthand to take notes that list terms or words and

major points. Patton also advised that direct quotes around what the participant reports and with the should be used.

Other information was documented in field notes that were used to compare against the recorded interview. Field notes were used in analyzing data. There was no specific method for recording field notes. According to Patton (1990), it is up to each researcher's personal style. Patton stated that it is not an option to take notes in the field. The field notes are a description of what was observed. The information was descriptive allowed me to return to them later during the data analysis. I used the example Patton provided. On the right side of the paper, he recommended documenting vague and overgeneralized notes and detailed and concrete notes on the other side. Field notes enabled me to note actions and behaviors at the time of occurrence from the participant.

Audio taping allowed me to listen to the recorded interview and compare it to any notes taken during the actual meeting. Due to the difficulty in attempting to take notes on everything that is said in an interview, the audio taping made it easier for me to concentrate on the words being said. I purchased a quality audio cassette recorder that is operated both electronically and with batteries in case there was a power failure or lack of electricity. I also ensured that I had quality cassette tapes. Patton (1990) provided steps to take that will help increase the quality of the interview, including ensuring that the equipment is working properly, choosing a quiet place and placing the recorder on a flat surface, speaking clearly and not too fast, minimizing noise such as shuffling papers, recording a sample first and listening back, and stating the participant's name at the end

of the interview. Tapes are labeled and protected from direct heat or other temperatures. Patton stated that the time following the interview is crucial in case the tape fails to function properly. In case the interview did not properly recorded, I would have immediately began writing down as much as I could remember, taking extensive notes. After each interview, I immediately began transcribing verbatim the data and save the information in a double-spaced Word document. The information was coded using the themes generated during analysis.

Creswell (2009) defined data analysis as making sense of the data. Creswell explained that

It involves preparing the data for analysis, conducting different analyses, moving deeper and deeper into understanding the data (some qualitative researchers like to think of this as peeling back the layers of an onion), representing the data, and making an interpretation of the larger meaning of the data. (p. 183)

According to Moustakas (1994), “organization of data begins when the primary researcher places the transcribed interviews before him or her and studies the material through the methods and procedures of phenomenal analysis” (p.118). Patton (1990) referred to the process as challenging as it requires the researcher to condense a large amount of information and make sense of it by extracting meaning to reveal the essence of the participants’ experiences. Patton further explained that each research project is unique, and it may be difficult to duplicate another researcher’s analytical thought process. There are guidelines to consider in the analysis; however, they are not rules. Patton urged qualitative researchers, to be honest, and truthful in whatever analytical

process is used. After each interview, I made three copies from the originally transcribed data and placed the original away untouched, as Patton recommended. Patton suggested having a copy to write on, one to reference throughout the process, and a copy to use for cutting and pasting. Using computer software did not eliminate the need for the additional copies.

Moustakas (1994) provided a detailed description on how to analyze transcribed data. Before arriving at this point, I used the epoche process of setting aside personal biases. I listed all that I have come to know about DV and how I believe it affects AA women. This process assisted me in preparing only to listen to what participants told me of their experience with DV “with new and receptive eyes,” (Moustakas, 1994, p. 89). According to Groenewald (2004), the goal is to refrain from what is already known to provide an accurate description. Groenewald stated that researchers should attempt to balance what is described and what is reflected.

As a part of the analysis, Groenewald (2004) suggested labeling each interview as a form of identification. For example, the researcher should assign a numeric value or letter and provide the interview date (Participant A, August 20, 2013). I only had one interview on any given date. Each audio cassette tape received an identification label immediately after completion. The same label was used on hard copy data. Groenewald recommended keeping personal files for each participant. I will keep all hard copies of consent forms, notes, the original interview, and any other information on the participant in a labeled manila folder. Some scholars have suggested reading through each interview more than once, preferably while listening to the audio tape (Groenewald, 2004;

Moustakas, 1994; Patton, 1990; Smith et al., 2009). The intention was to hear and closely listen to the participant's voice remembering to keep it as the focus (Smith et al., 2009).

Moustakas (1994) suggested using one of two modified methods to conduct interviews, the Van Kaam or the Stevick-Colaizzi-Keen (p. 120). In this study, I used the modified Van Kaam method. This particular approach has several steps that include

1. Horizontalization
2. Reduction and elimination
3. Clustering and thematizing the invariant constituents
4. Final identification of the invariant constituents and themes by application: validation
5. Construct individual textural description
6. Construct individual structural description
7. Construct a textural-structural description

The first step in Van Kaam's method is horizontalization, which involved viewing and listing all expressions related to questions asked of the experience and granting each statement of equal importance being open to the quality that lies within the experience (Moustakas, 1994). The second step involved a phenomenological reduction to describe the phenomenon both externally and internally and eventually using imaginative variation to combine textual and structural descriptions. During the reduction and elimination stage, textural qualities were identified and described. It led to the discovery of the phenomenon's horizons that assisted me in understanding the experience (Moustakas, 1994). It is a process of describing what the researcher sees both externally and internally

to uncover qualities of the event. Qualities include how something is sized or shaped, its color, and other identifying markers (Moustakas, 1994). During this process, I checked each statement for two requirements according to the Van Kaam's mode; first, I determined if the statement contained information that was "a necessary and sufficient constituent for understanding it," and can I "extract and label it" (Moustakas, 1994, p. 121). If the statement did not meet both requirements, it was disregarded or eliminated and what was left was considered a horizon that becomes the invariant constituents or the main elements describing the experience. The goal was to look for words or phrases that clarify and enlighten the experience. Other researchers (Groenewald, 2004; Patton, 1990) explained the process as looking for key phrases and statements that are used to describe the phenomenon. According to Larkin, Watts, and Clifton (2006), the goal is to "explore, understand and communicate the experiences and viewpoints offered by its participants" (p. 103). Larkin et al. claimed that researchers need to understand and describe the experience as accurately as possible.

Van Kaam's third step is clustering and thematizing the invariant constituents. Here I focused on the invariant constituents that were associated with each other and clustered those together to form common themes (Moustakas, 1994). I read through several transcripts pinpointing significant and descriptive information referred to as meanings or meaning units (Creswell, 2009; Moustakas, 1994). I then grouped similar meanings or meaning units into clustered and labeled themes, keeping in mind that I needed to eliminate themes that repeated or overlapped (Moustakas, 1994). These were considered core themes of what participants experienced. I conferred with each

participant to discuss the themes to generate feedback. I was prepared to make any necessary changes that the participant did not agree with. These identified themes were used as codes for computer analysis. According to Saldana (2009), key phrases, statements, or words provide substance or content for a portion of the data that are used to formulate codes. Saldana described codes as a representation or captions of the main content, which is similar to Moustakas' (1994) themes.

The final identification of the invariant constituents and themes is the fourth step in Van Kaam's method. During this stage of the analysis, I checked the invariant constituents and themes to each participant's transcribed interview as a form of validation. Moustakas (1994) listed two factors needed for validation: first determining if they were listed specifically in the transcripts and, if they were not listed, determining if they were at least compatible. The invariant constituents and themes that did not meet the criteria were deleted.

My goal was to use validated constituents and themes to create an individual textural description (Step 5) for each participant of her experience of resilience that enabled her to leave an abusive relationship. The descriptions provided the "nature and focus" (Moustakas, 1994, p. 133) derived from verbatim statements in the transcribed data. I captured what happened when AA women experience resilience when leaving their abusive relationship. Lavery (2003) stated that the description should represent the experience in the language that is as close as possible to what the participant provided.

Next, I constructed an individual structural description using the individual textural descriptions and imaginative variation (Moustakas, 1994). I used my imagination

to change the frame of reference and look at the various ways the participants experienced resilience when leaving an abusive relationship. Moustakas explained how different perspectives should be considered to arrive at how it came to be what the participant described. Moustakas listed several things to consider, including (a) varying the phenomenon's meaning and perspective, (b) creating a list of possible structural characteristics that will be used to develop structural themes, and (c) combining structural characteristics and themes to create a structural description. I will also describe how the phenomenon occurred from a holistic perspective (Groenewald, 2004). Moustakas also suggested checking with participants and making modifications as needed, which is referred to as member checking. The goal was to combine descriptions with interpretations that provided a view of how thematic portrayals developed (Vagle, 2010).

The final step in Van Kaam's method is the integration of textural and structural description. Here, I combined the different meanings of the experience of resilience these AA women (Moustakas, 1994). According to Patton (1990), there is "the assumption that there is essence or essences to shared experience" (p. 70) that serve as the essential meaning. The researcher uncovered and described the essence or essences that assisted in understanding the phenomenon. I produced a detailed description of the common themes the study's participants shared about their experience of leaving the abusive relationship.

To assist with the analysis process, I used a computer program, ATLAS.ti (2014), to compare codes and organize data. Transcribed interviews were imported into the program verbatim and coded. ATLAS.ti is designed to examine data for similarities and group them into themes. This particular program provides online training to assist with its

various features and functions. I took a 1-hour training webinar on October 1, 2013, that provided an overview and demonstration of ATLAS.ti. The training included a demonstration of the program's coding hierarchies, grouping, transitive relationships, flexible searching, retrieving, filtering, comprehensive annotations, and powerful hyperlinking. Participants were provided access to a PowerPoint presentation that was used during training. The instructor provided his personal telephone number should I have questions on how to use the software. ATLAS.ti provided auto line-by-line coding; however, I manually coded the data and compared it to what the computer generated. I did not expect the codes to be identical, but I hoped that they were closely related. T. Masiello (personal communication, August 6, 2013) informed me that computer software could be used to identify patterns; however, it would be up to me to make sense of the data once they were organized. Computer software was only used to identify patterns.

According to Patton (2009), qualitative researchers have an obligation to search for negative cases (discrepant) that do not fit in with the other information obtained. Of the 10 participants selected, all information was included, even if the data was not congruent. There were no discrepancies, otherwise, I would have include a description of why I believe the discrepancy exists. I onlyincluded information that I believed was consistent with the rest of the data. Patton stated that credibility could be enhanced by acknowledging that there are no perfect patterns or themes. Moustakas (1994) stated that "scientific investigation is valid when the knowledge sought is arrived at through descriptions that make possible an understanding of the meanings and essences of the experience" (p. 84).

Issues of Trustworthiness

Qualitative researchers have a responsibility to demonstrate that findings were the result of critical inquiry (Rudestam & Newton, 2007). Rudestam and Newton (2007) stated that a research design is a basis on how the data will be judged; therefore, it is a necessary process to illustrate how trustworthiness will be established. Several validity strategies were used to increase this study's credibility (internal validity) and transferability (external validity). In this section, I addressed dependability (reliability), confirmability (objectivity), and intra and intercoder reliability.

Shenton (2004) listed several validation strategies that qualitative researchers can use to assist in establishing credibility. I used several of the strategies during my research to enhance internal credibility, including using established qualitative methods that others have used in the past; triangulation; member checks; negative case analysis; thick, rich description of the phenomenon; and a description of researcher's background, experience, and qualifications (Shenton, 2004).

I chose to use phenomenology because I believe it was the best method for understanding the lived experience of resilience of AA women who left an abusive relationship. Moustakas (1994) provided an in-depth overview of phenomenology that included a history of several researchers and the detailed steps they employed in their studies. One of these researchers is Van Kaam, who used phenomenology as far back as 1966, according to Moustakas, and is still being used today in qualitative studies. Moustakas also listed others whose research was completed in the early and late 1970s that assisted in the establishment of this qualitative method. Overall, it justified my

decision to use the modified Van Kaam method. Triangulation is another strategy for establishing credibility (Shenton, 2004). I used several sources to triangulate data. The comparison of field notes, journal entries, and transcribed interviews were used to create themes and to assist in generating codes. The information remained the same but could have changed as data analysis continues. I continued the process of reading and comparing the data multiple times to reach saturation. The goal was to provide details that would help other researchers to arrive at similar interpretations (Creswell & Miller, 2000; Rudestam & Newton, 2007).

Several biases existed for the study, including my work with DV victims. I acknowledged how my background may affect the interpretation of data. I believed that I continuously engaged in self-reflection to create an honest and open description (Creswell, 2009). Documentation should be clear of the decisions that were made (Creswell & Miller, 2000). Also, strategies were used to establish transferability (external validity). Shenton (2004) listed the use of rich, thick descriptions to define and express each participant's experience. These descriptions consisted of describing the textural and structural dimensions and the synthesis of the two. The overall setting and the participants were portrayed with such detail that the information can be transferred to other settings or participants. Details include the selection process, the number of participants used and why, and the relationship between the participants and me. AA women were the only group selected for participation. The variation in the selection of participants includes the participant's age (18 and over) with no conditions put on education, financial status, religion, employment, or marital status. Participants had to

agree to two meetings, one for the interview to allow me to collect the data necessary and one for the follow up. The time was used to increase my understanding and to describe the details accurately through these member checks, which were used in creating credibility (internal validity). Member checks allowed me to make any changes to the data that participants were not in agreement with.

Strategies used to establish dependability include audit trails and triangulation. Several sources (interviews, journal, and field notes) were used to triangulate data. Cutcliffe and McKenna (2002) listed several areas to consider for an audit trail: raw data, analysis and synthesis products, process notes, instrument development, and intentions and disposition material. Audit trails will assist others who want to replicate the study by creating detailed and accurate records of each step. It also includes my thoughts and feelings known as reflexivity (Creswell & Miller, 2000).

The strategy of reflexivity was used to establish confirmability. I made every effort to document personal and professional biases, behaviors, and other experiences that may have affected the study (Creswell, 2009; Creswell & Miller, 2000). It required the ongoing process of reflecting on what I knew and would learn about the phenomenon. Finally, with regards to an intra-inter coder agreement, one was not needed. ATLAS.ti., a computer program, was used to cross check codes.

Ethical Procedures

As a researcher, I need demonstrate how I remained ethical throughout the study by listing the steps that I took to address ethical dilemmas that may arise (Creswell, 2009). Before beginning any research, I completed an application seeking permission

from Walden University's Institutional Review Board [09-21-17-0090511] for approval (Appendix J). Permission was requested for access to participants and data. All participants were protected by the IRB and the American Psychological Association (2010) guidelines. Included in the IRB application were forms that I used in the study, such as research study ad (Appendix A), prescreening interview form (Appendix B), consent form (Appendix C), demographics questionnaire (Appendix D), consent to record (Appendix E), interview questions (Appendix F), permission to use another researcher's instruments (Appendix G, Appendix H, and Appendix I), and community referrals (Appendix K). Participants were informed of their right to discontinue their participation at anytime during the study. I completed a web-based training on the protection of human research participants offered by the National Institutes of Health (NIH) of Extramural Research. The certificate of completion is located in Appendix L.

There were identifiable risks associated with this study. Participants may have become uncomfortable during participation. I am a licensed professional counselor and a certified DV counselor with knowledge of various community programs that are available to assist participants during or after the interview. Steps were in place in the event a participant should need assistance in coping with the experience. Referrals to community agencies were provided to each participant (Appendix K). These particular organizations were selected because they will provide assistance free of charge to anyone who is experiencing or have experienced DV. If additional assistance was needed beyond what the agency provides, the staff would also make referrals. Anyone needing support would have been encouraged to contact the agency on their own, mainly because these

organizations prefer to speak directly to the person seeking help. I also did not want a participant to feel pressured to speak to someone as a result of me making the initial contact. The women were encouraged to dial 911 should they began to feel suicidal or homicidal and instructed to go to the nearest hospital for emergency assistance. I would have discontinued the interview if a participant became visibly upset and appeared unable to continue. The consent form had a statement informing participants that they may at any time refuse to answer any questions and that their participation was voluntary. I did not have to obtain additional participants since no one refused to answer questions or left the study.

There were no ethical issues surrounding the use of my recruitment flyer. I used a basic format and included only the information needed to recruit participants. All revisions were made at the request of my chair, methodologist, and the IRB. Ads were placed in local newspapers and post flyers in high traffic areas. I provided additional information to anyone who contacted me at the number provided. If I determined a person met the criteria, I informed her of confidentiality, consent forms, use of fictitious names, potential risks, possible benefits, and a reminder that participation is voluntary and the person may withdraw at anytime. I believe this also served as a method to begin building rapport. Together, the participants and I decided on a location that she was comfortable with and is free from distraction. The participant and I were able to find an agreed upon location for the interview; therefore, I was able to interview the original 10 women recruited, eliminating the need for additional recruiting. I did not interview anyone if I believe there was an immediate safety issue.

I obtained permission to use previous instruments that were used in a prior study. The original owner used the instruments in a pilot study and received approval from Walden University IRB in a study with victims of DV. A copy of the e-mails obtaining permission is attached (Appendix G, Appendix H, and Appendix I).

Participants chose pseudo names to protect their confidentiality. All data collected will be kept safe and confidential in a locked filing cabinet. No other person(s) will have access to the information. Information will be destroyed 5 years after the dissertation is completed and at the approval of Walden University. Computer data will be stored in files on my personal laptop that cannot be viewed without a password; hard copy information and audio cassettes will be kept at my house locked in a filing cabinet for 5 years after I complete my dissertation. I am the only person who uses the computer. Text data will be shredded, ribbons will be taken from each cassette and cut into pieces, and computer files will be deleted to include data in the ATLAS.ti program.

One ethical issue that could have occurred during data collection was the possibility of participants disclosing any abuse of child(ren) or elders living in the same home. Since there were no issues with either, the authorities were not informed. My overall goal was to protect the privacy of participants; however, I did inform (before the interview) of my duty to report abuse of protected populations. I did not ask if any child/elder was physically or sexually abused during the relationship, and no such abuse was mentioned by participants. There was no need to inquire if family protective services or adult protective services were ever involved. Abusive behavior or neglect reported toward a child, elder, or physically challenged individual would have been reported to

child and/or adult protective services. This information was included on the consent form (Appendix C) in addition to a verbal explanation. If participants had begun to experience any form of discomfort and needed to withdraw, I would have referred to the community agencies listed in Appendix J and began recruiting additional participants.

This study offered no form of incentives. To decrease the chance of possessing power over the relationship, I screened for applicants who may have been a direct client which would have excluded them from the sample selection. Ethical consideration was maintained throughout the study concerning participants and the entire research process.

Summary

In Chapter 3, I discussed the research design and rationale, role of the researcher, methodology, and issues of trustworthiness. In the research design and rationale, I restated the research question, defined the study's phenomenon, and provided a rationale for the research tradition. Professional, personal relationships, researcher bias, and how the issues will be managed were discussed. The methodology section included information on sampling, participant selection, and the recruitment process. Instruments used for data collection were addressed and justified. The data analysis plan provided details as to how data will be collected, analyzed, and interpreted.

In Chapter 4, I described any conditions that may have influenced participants, setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary. I briefly described the purpose and research questions. Details of any personal influence on participants and relevant demographics were covered. Data

collection and analysis were defined. I provided evidence of how trustworthiness was obtained before presenting the results.

Chapter 4: Results

The purpose of this phenomenological study was to examine the lived experiences of resilience in AA women who left an abusive relationship. Little is known about the lived experience of resilience among survivors in the context of DV or IPV (Crann & Barata, 2016). In this study, I focused on the perception of AA women who successfully left their abusive relationship and their experience of resilience. Participants provided data that were analyzed to answer the following research question: What is the lived experience of resilience in AA women who left an abusive relationship? Four interview questions were used to collect data for this study:

Interview Question 1: Describe how you moved through and coped with your experiences of abuse?

Interview Question 2: Describe a time you did feel resilient after, during, or in spite of abuse?

Interview Question 3: Describe a time you did not feel resilient after, during, or in spite of abuse?

Interview Question 4: Why do you consider those experiences of resilience to showcase (or not showcase) resilience?

In this chapter, I describe the study's setting, demographics, data collection, data analysis, evidence of trustworthiness, and results. I conclude the chapter with a summary.

Setting

Prior to data collection, I received Walden University IRB approval. Potential participants contacted me via telephone. During the phone call, each woman was

screened to determine whether she met eligibility. All eligible participants agreed to meet on a set date and time at an established location for a face-to-face, audiotaped interview. I informed each caller of a follow-up meeting after the initial interview.

Signed consent was obtained, and the demographic form was completed before the interview began. Each participant was informed of my duty, was reminded that the study was voluntary, and was told she could withdraw at any time. Questions regarding the room, weather, or other minor topics were asked to establish rapport and transition into the interview. There were no conditions that influenced participants' participation, data collection process, or results of this study. Although participants provided sensitive information, at no time during or after the interview did any participant appear distressed. However, each was given a list of community resources and was reminded that assistance was available if needed.

Demographics

Ten women ranging in age from 23 to 62 were recruited and participated in this study. All 10 women were AA, at least 18 years or older, had been a victim of domestic violence, were currently not in an abusive relationship, had left the abusive relationship for a minimum of 2 years, and were residents of Bell County, Texas. Seven participants had one or more children, one was a foster parent, and two did not have children. Six were married, two were living with a significant other, one was divorced, and one was currently not in a relationship. All except one identified with a religious affiliation. With regard to education level, two women were attending college, four had college degrees or a certification, three graduated high school, and one did not complete high school. Table

1 lists demographic information. The participants chose pseudonyms to protect their identity.

Table 1

Participant Demographics

Pseudonym	Marital status	Age	Education	Children	Religion
Gabby	Divorced	54	Associate's	3	Buddhist
Sasha	Married	56	Bachelor's	3	Methodist
Kizzy	Married	28	Certification	2	Baptist
Millie	Cohabiting	35	High school	2	Methodist
Polly	Married	33	High school	2	Methodist
Birdie	Cohabiting	27	College	1	Jehovah's Witness
Corene	Married	42	Master's	2(foster)	Baptist
Sally	Married	45	High school	0	Catholic
KayKay	Married	62	No diploma	5	Baptist
Ms. T	Single	23	College	0	No affiliation

Data Collection

The recruitment flyer (Appendix A) promoting this study was listed in a local newspaper and posted in high traffic areas in the community, including libraries, bowling alleys, churches, and other areas around Bell County, Texas. Potential participants contacted me via telephone indicating a desire to participate. I used the prescreening interview form (Appendix B) to determine eligibility and to ensure potential participants met the study's qualifications. Once eligibility was determined, each person was provided a full description of what the study involved, and she was given the opportunity to ask questions. The location (a private room) for the interview was chosen by the participant and I. The room offered privacy and included a table, chairs, and electrical outlets. Permission was obtained to audiotape the interview, and each participant was asked to choose a pseudonym to protect her identity. Participants were informed that the data would be kept confidential in a locked filing cabinet. A total of 10 participants were selected and interviewed for this study.

Interviews were conducted from September to December 2017. Before each interview, participants completed the consent form and demographic questionnaire (Appendix D) and were given a list of community resources (Appendix I) that provide free services to anyone who has experienced domestic violence. Participants provided a pseudonym that was used during the interview. They were reminded of the nature of the questions that would be asked and that at any time, they could decide that they no longer wanted to participate by informing me. In addition, I reiterated that no incentive would be offered. Each participant agreed to a follow-up meeting after the data were analyzed. I

did not offer a definition of resilience, and none of the participants asked for a definition of the term. During the introduction, I provided a statement of my experience with advocating for victims of DV. Four interview questions (Appendix E) were asked, and additional questions were asked for clarification in understanding the experience.

Interviews were recorded and ranged from 25 to 40 minutes in length. I did not notice any participant who appeared to be experiencing emotional turmoil. Each participant was thanked for her participation and was reminded of a follow-up meeting to review themes for accuracy and clarification. After completion, all interviews were assigned a label (first letter of the pseudonym, month and day of interview), transcribed verbatim, and saved on a locked computer. I kept a personal journal and created field notes after each interview describing my observations of participants' actions and behaviors at the time and compared to the recorded interview during data analysis. There were no variations from what was described in Chapter 3.

Data Analysis

Audiotaped interviews were transcribed verbatim into a Microsoft Word document and saved in a locked computer. Transcribed interviews were also imported into ATLAS.ti, a software program designed to examine data for similarities. Several hard copies were printed before the analysis process. Transcendental phenomenological analysis was followed to analyze data (see Moustakas, 1994). The modified van Kaam method contains seven steps, including listing and preliminary grouping, reduction and elimination, clustering and thematizing invariant constituents, final identification of invariant constituents, individual textural descriptions, individual structural description,

and textural-structural descriptions (Moustakas, 1994). The overall goal was to transcribe each interview and extract themes to develop a textural-structural description.

A process referred to as *epoche*, which means to abstain from what a researcher already knows (including personal biases [Moustakas, 1994; Patton, 1990]) was established before I began. The goal was to set aside any knowledge of resilience and DV. However, Moustakas (1994) pointed out that it is not possible to reach a perfect *epoche* due to certain information that may be deeply embedded. The goal was to lower the possibility of contaminated results due to my personal biases. The first step in the process involved listing all expressions that were relevant to the experience. This step was accomplished when the interviews were transcribed verbatim. Initially, all statements were listed and treated equally, known as listing and preliminary grouping or horizontalization.

The next step involved analyzing statements for similarities, differences, and frequency. The goal was to reduce large chunks of data into smaller units by reducing and eliminating statements that were not related to answering the research question. For each statement, I determined whether it contained elements of the experience, such as key words, phrases, actions, or other concepts that could be extracted and labeled with a code. Statements that overlapped or provided history unrelated to the experience were eliminated. I examined all participants' statements for similarities and differences. I kept in mind when participants expressed significance and mentioned it in more than one area during the interview. Additionally, statements that appeared similar to previous research were kept. A sample of the data analysis coding is provided in Table 2.

Table 2

Sample Line of Coding

Raw data	Line coding	Codes	Theme
Participant Birdie Stated: Most of my life my attitude was nasty because I was unhappy and miserable...I got to the point where I stop thinking shit happens, instead I decided I no longer could tolerate it happening. Once I convinced myself that it was time for a change, I started imagining a life rich in favor...It became easier to make plans knowing everything was going be alright...Please know there is power in your thoughts, they helped me get through this a lot easier. If you can think, hey, you can do it. I did.	She no longer wanted to think bad stuff happens and came to the realization it was time for a change. She used her imagination to envision a better life. Maintaining a positive outlook gave her strength to keep going.	Elimination of negative thinking Ability to move forward and make future plans Positive thinking holds power Maintaining a positive outlook	Moving forward by believing in a positive outlook.

Common statements among participants were grouped and coded for analysis. Once coding processes were completed, I was able to identify predominant themes of the experience. Common themes that emerged included experiencing resilience through the need to take some form of action and by putting their “faith in God” providing feelings of hope that led to creating changes. The most common theme was that experiencing resilience appeared to develop over time as a result of cognitive changes in believing in a positive outcome. Table 3 provides an example of comments used to determine codes.

Table 3

Examples of Comments Used in Determining Codes

Comments	Code
I stopped reliving all the bad stuff I got to the point where I stop thinking shit happens	Eliminating negative thinking
stay encouraged and believe that I was headed in the right direction started imagining a life rich in favor...It became easier to make plans	Ability to move forward and make future plans
When you believe hard enough, you know you could do anything Deserved to be happy in life. I refused to believe otherwise	Positive thinking holds power
I would only focus my energy on things that help me come out of this a happier person Believing that every day from then on would be a good day	Maintaining a positive outlook would

The final step involved developing textural and structural meanings to produce a detailed description and summarization of the common themes the study's participants shared about their experience of resilience when leaving an abusive relationship. All participants met for a follow-up meeting to view, comment, make suggestions, or ask questions regarding the analyzed data. No participant requested changes.

Evidence of Trustworthiness

To establish trustworthiness, qualitative researchers are responsible for demonstrating that findings are obtained through critical inquiry (Rudestam & Newton, 2007). Rudestam and Newton (2007) indicated that the research design is the main basis on how a study's data will be judged. Therefore, it is vital to illustrate how

trustworthiness was established. For this study, I implemented several strategies recommended by Shenton (2004) that included the selectin of an established qualitative method; member checks; negative case analysis; thick, rich description of the phenomenon; and a description of researcher's background, experience, and qualifications. I applied Moustakas's (1994) modified van Kaam method of qualitative lanalysis to each set of data. The data collection and analysis process were applied to each participant as outlined in Chapter 3.

To establish credibility, I used purposeful sampling and carefully screened each participant for participation. All participants were given the same forms to complete and were interviewed using questions from a similar study of resilience. Interviews were consistent with each participant. I used the comparison of field notes, journal entries, and transcribed interviews to create codes and assist in generating themes. To add to credibility, member checks occurred through follow-up interviews where each member checked her transcript for accuracy. I examined each interview, looking for data that were not consistent with other codes or themes in order to address any negative cases.

Transferability is the concept of applying results of a study to a wider population (Shenton, 2004). I began by including a table that listed demographic characteristics of each participant. The use of rich, thick decriptions provided a summary of participants' experiences. This offered a full understanding of the phenomenon. It was also vital that I provide vivid details of the setting and data analysis procedures that could be transferred to other settings or participants.

Dependability was accomplished with audit trails and triangulation. Triangulation occurred when I compared data from interviews, my journal notes, and field notes to arrive at an understanding of the experience. In addition, creating audit trails listing how data were organized will help others to duplicate the study. Audit trails will assist others who want to replicate the study by creating detailed and accurate records of each step. All participants were interviewed using the same questions, each participated in a follow-up interview, and all interviews were analyzed using the same analysis process.

To address confirmability, I used reflexivity, which involved documenting personal and professional biases, behaviors, and other experiences that may have affected the findings. It was made known that I have a background in working with victims of domestic violence. It was one way of addressing personal bias. I did not need an intra-inter coder agreement. I did use ATLAS.ti, a computer program to help with cross-checking the data. Creswell (2009) stated that reflexivity is an ongoing process of reflecting on what the researcher knows and will learn about the phenomenon. My knowledge of DV was addressed before and during the process. The triangulation process was beneficial in reporting findings that were the participants' and were not influenced by myself. Codes and themes were created from participants' statements. Most importantly, participants were provided the opportunity to check for accuracy of statements provided. Also, I kept a small journal noting any observations that occurred during data collection and throughout the analysis process. For example, I documented if the participant took long pauses or if they would smile or frown during a response.

Results

The research question for this study was the following: What is the lived experience of resilience in AA women who left an abusive relationship? To assist in answering the RQ, four subquestions were used in a face-to-face interview with 10 AA women who shared the details of their experience of resilience. None of the participants asked for a definition of resilience. What I describe do not indicate any discrepant cases; however, some statements made did provide examples of challenges these women endured during the abuse. These issues included not reporting the abuse for fear the abuser would get arrested, the presence of alcohol and drug abuse, covering up or denying the abuse, and listing a history of violence from past relationships. Each participant was asked to choose a pseudonym to protect her identity. The first theme, moving forward by believing in a positive future, describes participants who stated that for them to move forward, they had to first believe in a positive outlook.

Theme 1: Moving Forward by Believing in a Positive Future

The theme that occurred most among participants emerged as a change in their perception. Several women stated experiencing an awareness that challenged their views regarding the abuse. Young (2007) described it as a change in cognitive appraisals in his research of resilience and post-traumatic growth, also referred by Crann and Barata (2016) as a cognitive shift experience. The women indicated a change from a negative perspective to one that embraced positivity. Each spoke of her objective to live a life free of abuse and a willingness to accomplish it. The following reveals how these women recalled adjusting their thinking process that enhanced their resiliency during the

relationship. These cognitive changes also assisted in their goal of leaving the relationship. Participant KayKay explained:

I remember thinking how things had to change, but I just could not seem to get pass the hurt and pain. I felt stuck...a majority of my life was spent in a bad mood. It was hard to enjoy what should have been the good part of my life. After being down so long, the only way out was up. I stopped reliving all of the bad stuff and started imagining I was happy... It gave me a peace of mind and made it where I could think about the future, in a good way. I used all my power and all my strength in believing that every day from then on would be a good day. If I was going to leave, I knew I had to get in a right state of mind.

Participant Ms. T stated, “It became my golden rule to concentrate on what I could change...I made promised myself that I would only focus my energy on things that would help me come out of this a happier person.” Even as the women adjusted their thinking, the abuse continued to occur. One participant elaborated on how maintaining positive thinking, despite continued abuse, provided encouragement. Participant Sally shared,

I dreamed of a time that me and my children were finally happy and enjoying life. That image stayed in my head and I wanted that so bad for us...To get through some of the roughest times, I had to hold on knowing it would not be like this always. He didn’t understand why I would sometimes smile after getting hit. I knew it would pass and I would soon be in a better place in my life. You know (pause) sometimes you have to smile to get you through that moment.

Other participants recalled moments during the relationship when their thinking process represented a distorted reality. However, redirecting their thoughts to include a positive outlook appeared to serve as an inner resource that boosted their confidence, which was necessary for change to occur. Although most explained the change occurring over time, one explained it as an occurrence that caused a sudden change. Participant Sasha stated,

it seemed like I had a lightbulb moment (snapping her fingers) where everything became clear. Something snapped in my head ahh like, like a little voice saying it's now or never. I could not do it anymore. I was mentally drained. From that day forward, my whole view did a 360. I saw my pot of gold at the end of the rainbow. I just needed to stay encouraged and believe that I was headed in the right direction that was best for me. When you believe hard enough, you know you could do anything.

Participant Birdie added,

Most of my life my attitude was nasty because I was unhappy and miserable...I got to the point where I stop thinking shit happens, instead I decided I no longer could tolerate it happening. Once I convinced myself that it was time for a change, I started imagining a life rich in favor...It became easier to make plans knowing everything was going be alright...Please know there is power in your thoughts, they helped me get through this a lot easier. If you can think, hey, you can do it. I did.

According to Lucea et al. (2013), certain factors that hinder women in abusive relationships include self-doubt and low self-esteem. This type of negative thinking may cause a victim to question her abilities or believe that she is not capable of making decisions that matter. Overcoming self-doubt and restoring self-confidence is a step in the right direction. The next participant spoke of conquering those beliefs by envisioning a better future. Participant Millie stated,

I second guessed myself a lot and I felt embarrassed how he controlled my mind to the point of destroying my self-esteem. I did not feel good about myself or anything. I was a hot mess back then. It came to a point where I realized I had to stop feeling so pitiful and start believing I was important and deserved to be happy in life. I refused to believe otherwise. I pictured how I wanted to see myself down the road (long pause) it was a happy me (pause) with a lot of confidence, that is what I put my energy into making that vision my new reality.

Battered women often encounter a shift in their thinking when contemplating leaving (Anderson & Saunders, 2003). These women disclosed moments during the relationship where they experienced a cognitive disruption that contradicted negative thinking. The disruption allowed the participants to look past their pain and look forward to a future with a positive outlook. Alexander (2013) referred to these instances as breaking points or “aha” moments and insisted that having a positive attitude is essential in AA women recovering from DV.

Theme 2: Faith in God for Strength

The second theme, faith in God for strength, describes participants who acknowledged having faith, trust, and a reliance on God as a source of their resilience. Participants expressed developing or renewing their faith in God. According to these women, faith in God influenced their ability to be resilient during the abuse. They also credited their faith for giving them the strength to work toward ending the relationship. Their view was that God is the most important source of all power. Through God, they believed in the restoration of strength and hope that also increased confidence and self-worth. In addition, the relationship with God produced a desire to stay positive despite the setbacks and hardships. Faith in God for strength describes participants who acknowledged having faith, trust, and reliance on God as a source of their resilience. As Participant Kizzy stated, “weeping may endure for a night, but my joy will come in the morning light.” A scripture taken from Psalm 30:5, King James Version (KJV). The participant’s response appeared to align with Lilly et al. (2015), who stated that AA women tend to rely more on prayer and religion to cope with abuse. According to Participant Corene:

The one good thing that came out of this, other than my children, was a deeper relationship with the Lord. I prayed that God would change him and his hellish ways...I beg him for strength and guidance to get through it all. There is this old saying that prayer changes things (long pause) and it really does. As I felt the load lifting and, and he showed me that I was one of his children, I knew that

everything was going to be alright...My faith, it gave me strength to keep living right and holding on until I was able to leave.

Abused women often pull from individual factors, such as religion, toward building resilience (Lo`pez-Fuentes & Calvete, 2015). Spirituality is listed as one of those factors. According to Participant KayKay,

I believe that everyone has what it takes to be resilient, but I also believe that some of us start to doubt it during the bad times. For me personally, the time was during the days I was being hurt, I felt so lost. Going to church and prayer helped me realize I had something deep inside me that nobody could control anymore.

When the holy spirit shows up, you just know that things are about to change. I pulled from that and was able to eventually get the heck out for good. God can give you peace that helps pull you through anything that is not meant for you.

Anderson, Renner, and Danis (2012) indicated that abused women may use their relationship with God to view their abusive history in a way that exhibit strength and wisdom. Participant Millie described a unique way of embracing her faith by creating a notebook similar to a vision board displaying pictures of objects that inspired her optimism. According to her, this notebook served as a reminder of goals that included living a cheerful life. Millie stated:

That notebook served as a symbol of what I envisioned my future life to be. I glued pictures of things I wanted at 10, 5, and 1 year. I had to believe I deserved good and was destined for greatness. To be resilient, I had to believe in a successful future and have faith that it would come into existence, which it did. I

have God to thank for that. He showed me that I was not weak but strong. He tells me in Philippians 4:13, I can do all things through Christ which strengthens me. If it wasn't for him, I never would have made it. He saved me, and I became a stronger woman because of him.

In addition, Participate Kizzy stated, "I felt weak and helpless most of the time. God gave me strength and showed me a way when it seemed impossible. It came through him, that's how I explain it, but he did that for me to." These women indicated that their relationship with God was empowering during the difficult times in spite of any past or current feelings of weakness. Participate Polly added, "having God in my life made me believe anything was possible."

Participant Sasha stated that she grew up in the church; however, she thought God abandoned her for not attending church regularly, and the abuse was her punishment. She indicated her spouse would discourage her from believing God cared. After attending a church service with a neighbor, she renewed her relationship with God and spoke of a deeper relationship that continues. According to Sasha,

When I first started thinking of leaving, I didn't think I could do it on my own.

One of my neighbors always invited me to church. When I agreed to go, it was the best thing that could have happened to me. I have never felt so love or so at peace as I did that day. He reminded me that all I had to do was call on him for guidance...If I had not gone to church that day and gave God my life, I would not have left and there is no telling where I would be now. Probably dead.

There were several denominations that participants identified with in this study. Only Participant Ms. T listed no affiliation with any denomination. Of the remaining three participants, one did not mention religion or God during her interview. The other two referenced their religion; however, they did not indicate if it was essential in their experience of resilience.

Theme 3: Taking Action Toward Gaining Control

The third theme, taking action toward gaining control defined participants who described specific and significant achievements as resilience that led to their ability to control and master their future. Participants also described experiences where they began taking some form of action that led to regaining control of their lives. They described finding strength, growth, and healing that made it easier to believe they could eventually live a life free of abuse. In their description of resilience, Lo`pez-Fuentes and Calvete (2015) indicated that women regularly use internal and external factors toward increasing their resiliency. Most of the participants at some point used the assistance of friends, family, church, and community agencies. The courage it took for these women to ask for help appeared to instill a sense of power and control.

Participant Gabby stated,

It took a lot for me to ask for help, once I did, I was surprised how things turned out for me. I reached out to one of my girls who suspected all along that I was in trouble...I started copying important papers, keeping extra clothes and money at her house, and I bought a cheap Trac phone also. It didn't seem like much but to me it was. Stuff like that made a big difference. It made me feel like I was

beginning to control my life for a change. Before that, I had lost all control over my life.

Participant Birdie also stated:

My biggest supporter was my boss lady. She helped me realize I could change how the future looked for me and my child. Although she was the one who gave me time off during the work day to get stuff done, it was me who put my plans in motion. I organized and planned out how I would leave. Doing stuff that would help better my future gave me self-respect and self-esteem. I was so thankful for someone having my back.

Although some women reached out for personal assistance, several others took action by educating themselves. The women spoke of the significance of their education describing it as a motivational experience. Participant Corene stated:

I went back to school and got my masters. I knew it would increase my chances of getting a better job to take care of my family...It was rewarding and kept me encouraged. It was the best move I made.

Participant Kizzy enrolled in a program where she received an advance certification in her field. She stated,

My certification helped me get my license and a good job at a salon. It gave me the confidence that I could accomplish anything. My life was worth living again. I felt strong and was so happy I decided to better myself.

Two participants were unemployed at some point during their relationship. Minus gainful employment, the two indicated the thought of leaving was unlikely. Both shared

their experience of obtaining a job and how it influenced their experience of resilience.

Participant Sally stated:

I did not think about leaving before I started working...I mustered up the courage to apply and was hired even though I did not have any work experience. I credit that job with saving my life. It came with benefits and I got a yearly bonus.

Working gave me independence (pause) I no longer felt restricted...I could see a difference in how I allowed him to treat me and I reacted differently. It was probably because I knew I wouldn't be tolerating his bull much longer... I felt a bit stronger every time I cashed my check.

Participant Polly had previously worked but resigned and moved to another state after marrying her husband. Although he did not deter her from working, she admitted to staying home believing she had a role to play as the "good" wife. The respondent described the "good" wife as, "I always wanted to work, but I was made to feel that I was being a good wife by staying home."

Summary

The purpose of this phenomenological study was to explore the lived experiences of resilience in AA women who successfully left an abusive relationship. Chapter 4 contained an introduction, setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary. I found how 10 participants, recruited from Bell County, Texas, described their experience of resilience during an abusive relationship. In this study, the participants answered the research question:

What is the lived experience of resilience in AA women who left an abusive relationship?

Responses to the interview questions led participants to describe how they experience resilience. Three major themes emerged from the analysis of their responses. I found that AA women associated experiencing resilience as a cognitive shift from a negative perspective to one that embraced positivity. The shifts appeared to occur over time for most and as a sudden occurrence for one participant. The change in perception included imagining a positive outcome, acknowledging distorted thinking, and believing in one's own abilities. The shift provided strength not only to cope with current abuse, but to also push forward toward leaving the relationship. I found how victims' psychological reactions to anticipated events, strongly influenced their ability when facing negative challenges. At some point, it becomes necessary to confront a negative perception when planning to leave an abusive past.

In addition, experiencing resilience occurred through developing or renewing faith in God. Most of the women equated their relationship with God as a way of believing in things they could not see, such as a life free of abuse. Benefits included hope, wisdom, empowerment, peace, and self-confidence. Faith in God appeared as an outlet toward developing patience in knowing that a welcoming future was possible. Finally, participants described taking some form of action, indicating taking control of their lives. Self-confidence was a key element that powered the women to seek a better education and ask for assistance. An increase in confidence also caused the shift toward recognizing areas that the women could change and control. It was encouraging for them

to work toward and accomplish goals that made it less stressful while preparing to walk away. Their actions were consistent with the ST, demonstrating that victims are active in their efforts toward leaving and remain hopeful in doing so.

In this chapter, I also described the study's setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary. In Chapter 5, I will provide an interpretation of the findings, limitations of the study, recommendations, implications, and a conclusion.

Chapter 5: Discussion

The purpose of this phenomenological study was to contribute to the literature on AA women and DV. I explored how this group of women experienced resilience when leaving an abusive relationship. Research regarding DV and AA women has increased over the years (Rose-Gross, 2015); however, AA women are more likely to be the victims of DV (Anderson-Wilhoite, 2014; J. C. Anderson et al., 2015; Bent-Goodley, 2013; Bhandari et al., 2015). In addition, AA women are more likely to become victims of abuse compared to other ethnic groups (Anderson, 1997, 2012; Anderson-Wilhoite, 2014; Benson et al., 2004; Bent-Goodley, 2009, 2013; Bhandari et al., 2015; Powell, 2008; Violence Against Women, 2009). There is a lack of qualitative research on the lived experiences of AA victims of DV. Scholars have called for further investigation of the lived experience of resilience in IPV survivors (Crann & Barata, 2016). In this study, I explored how AA women who left an abusive relationship described their lived experience of resilience.

The common themes that emerged from the findings of this study included cognitive changes from a negative toward a positive perspective, developing or renewing faith in God, and taking action toward gaining control. Almost all of the participants expressed experiencing a need to adjust their negative thinking to a more positive outlook, thereby creating a means to cope and move through the abuse. Other participants either renewed or began a relationship with God that strengthened their faith. These participants acknowledged an association between resilience and faith in God. The participants used resilience to gain control of their situation by taking some form of

action, including education and employment. In this chapter, I discuss my interpretation of the study's three main themes and how they are related to previous research on resiliency, specifically the lived experience, and victims of domestic violence presented in Chapter 2.

Interpretation of Findings

I used phenomenology to research the experience of resilience in AA women who left an abusive relationship. Although resilience was defined in Chapter 2, I did not discuss the definition with participants. No participant inquired about a definition. The goal was to provide AA women the opportunity to describe the experience of resilience in their own words. There is research on resiliency (K. M. Anderson et al., 2012; Hill, 2009; Hjemdal et al., 2011, Lo`pez-Fuentes & Calvete, 2015; Wortham, 2013; Wright et al., 2010; Young, 2007); however, little is known about the lived experience of resilience in survivors of abuse (Crann & Barata, 2016). Crann and Barata (2016) investigated how survivors of abuse experience the resilience during and up to 1 year after an abusive relationship ended.

In this study, all participants, despite their differences in age, education, religion, children, and marital status, described similar occurrences that led to their experience of resilience. Each participant shared a common goal of leaving the abuse in search of a happier future and a life free of abuse. In the following section, I discuss how this finding confirms and extends the research on resiliency of victims of abuse. Findings did not appear to disconfirm any of the previous research. I also review the findings in the context of the theoretical framework.

Confirm

The most common finding of this study indicated that participants went through a period of changing from a negative to a positive way of thinking. According to the participants, a significant part of their experience of resilience occurred when they began creating a healthier thought process by allowing themselves to visualize a healthier environment. This finding confirms research by Crann and Barata (2016) who identified this process as a shift in how survivors think, feel, and behave regarding areas affected by the abuse, including the relationship, self, and abuser. Crann and Barata found that survivors of abuse experience resilience through cognitive, emotional, and behavioral shifts that lead toward resistance, control, and positivity. Participants in this study pointed out that the transition from a discouraging mood and negative way of thinking created a sense of strength and power once the focus was on a more positive outlook. This change was supported by what Crann and Barata referred to as pathways. These pathways are internal and external factors and procedures, also referred to as protective factors (Young, 2007) that assist in creating and sustaining resilience. One participant stated, “I dreamed of a time that me and my children were finally happy and enjoying life. That image stayed in my head and I wanted that so bad for us.” Imagining a happy enjoyable life with the children appeared to serve as a protective factor or pathway that guided the participant toward a cognitive shift.

This study’s participants experience of resilience occurred while still in the relationship. Their strength corresponds to Hill’s (2009) findings, which indicated that DV victims possess characteristics that allow them to move forward; these characteristics

include wisdom and knowledge, courage, humanity, justice, temperance, and transcendence. This finding was also consistent with shift experiences toward positivity listed by Crann and Barata (2016) that happen when progress toward positive change occurs. I found that AA women in this study were continually motivated on maintaining a positive mind-set that aided their resilience and helped them cope with the abuse. The participants refocused their thoughts and energy, had hope for the future, and felt good about themselves. Wright et al. (2010) suggested that the role of empowerment in AA victims is a resiliency factor and that AA women possess internal methods for coping with abuse.

Findings also confirmed previous research findings that AA women tend to rely more on religion or spirituality as a means of coping with abuse (Fowler et al., 2011; Lilly et al., 2015; Mengesha & Ward, 2012). Almost every participant acknowledged a relationship with God. These women felt resourceful and inspired to push forward during those stressful moments. Researchers have identified the attribute as an individual factor toward building resilience (Lo'pez-Fuentes & Calvete, 2015). Findings suggested that faith and optimism fostered their ability to oppose the violence and imagine an abuse-free environment. One participant considered she was being punished for not attending church. She returned, gave God her life, and credited her relationship with God as the reason she had strength to leave. Crann and Barata (2016) revealed that faith and prayer were pathways that survivors often use to facilitate a shift change toward resistance.

Several participants in this study viewed resilience as taking some form of action that led to regaining control of their lives, which is consistent with Crann and Barata's

(2016) shifts in the experience of control. Women in the current study identified education, employment, advancement, and assistance from others as external factors that created a means of feeling in control. The women decided on specific goals and modified their lifestyles to accomplish them while still in the violent relationship. Participants' actions also ranged from copying important papers, buying an additional cell phone, informing a coworker of the abuse, and taking time off from work as other means of gaining control. Taking some form of action played a major role for these AA women during the relationship. One participant expressed during this particular time for her, she felt her sense of self-respect and self-esteem return.

Extend

Several researchers (Bent-Goodley, 2009; Bhandari et al., 2015; Campbell et al., 2002; Catalano et al., 2009; Coley & Beckett, 1988; Gullim, 2008; Hill, 2014; Johnson, 2013; Josephs & Abel, 2009; Lockart & White, 1989; Potter, 2007; Reeves, 2012; Taylor, 2010; Weisz, 2005) indicated a gap in the literature on AA women and DV. Improved awareness of this group's experience with violence may result in more coordinated services that address their individual needs. These services include programs that assist with financial support, faith-based counseling, access to technology (fax machines, copiers, cell phones, computers), educational counseling, and culturally diverse shelters. The focus of the literature review was on social and community services, medical preference, shelter access, suicide, and resilience. Findings not only confirmed previous research on the lived experience of resilience and victims of IPV, but also extended what is known of AA women and DV.

Crann and Barata (2016) called for additional research on women of various cultural backgrounds from urban areas, where there is greater support, to rural areas with fewer resources. Participants in Crann and Barata's study were women of various cultures living in Ontario, Canada. Crann and Barata stated that little is known about the lived experience of resilience in survivors of IPV. Participants in the current study experienced resilience similar to women of various cultures in Crann and Barata's study, thereby adding to resilience research. The themes that emerged included belief in a positive outlook, having faith in God, and taking action to gain control. These themes extend knowledge of how AA women experience resilience when leaving the abuse. Future investigations should continue addressing women from various cultural backgrounds and geographical locations to provide additional findings for DV victims.

Theoretical Framework

The theoretical framework for this study was survivor theory to investigate the lived experiences of resilience. The goal was to demonstrate how DV victims react to abuse. Survivor theory related to the research because it showed how victims are active in their efforts to leave. Survivor theorists suggested that battered women increase their help-seeking skills when the abuse continues or increases. This group of women demonstrated how they were not passive, and despite continued abuse, were able to remain hopeful. This implication confirmed survivor theory, which suggests that women's efforts do not diminish during the abuse.

AA women in this study demonstrated ways of remaining active toward leaving the abuse. Battered women often encounter a shift in their thinking when contemplating

leaving (D. K. Anderson & Saunders, 2003). Most participants acknowledged experiencing a shift in how they viewed the abusive relationship. One participant indicated that when she recognized that negative thinking was hindering her ability to see beyond the abuse, shifting to a positive outlook gave her hope. Another participant shared how her shift toward a positive mind-set made it easier for her to make plans to leave. The participants focused their efforts on maintaining a positive mind-set. It is possible that a cognitive shift does not represent an active measure toward leaving; however, it may reveal how these abused women did not abandon their efforts and were examining ways to assist themselves. Survivor theory provides a rationale for the women's behavior or actions within the relationship.

Researchers have used survivor theory to assess the frequency and effectiveness of victims' formal, informal, and personal strategies in coping with abuse (Brabeck & Guzman, 2008). The women's efforts align with survivor theory in seeking assistance on multiple occasions from various options. In the current study, the participants sought and used several formal, informal, and personal approaches at various times. Several women used formal means to obtain an advanced degree or a certificate. One participant's use of informal strategies occurred through confiding in her neighbor and attending church services. Another woman entrusted her boss who allowed her to use work hours to take care of matters. Other examples included victims taking action to secure copies of important papers, connecting with friends, and hiding extra clothes and money. Due to the types of questions asked, not all participants included detailed descriptions of the types of actions taken.

Although this study differed from Crann and Barata's (2016) study, my findings were consistent with that study. AA women's responses to interview questions indicated the presence of pathways that guided the women toward cognitive, emotional, or behavioral shifts. I also found support of AA women's use of religion or spirituality as a factor in building resilience. Shifts may occur over time or immediately. With regard to survivor theory, there were no indications that the participants' actions or behaviors contradicted what the theory suggested.

Limitation of the Study

To help establish trustworthiness, I acknowledge there were several limitations to this study, including the small sample size. Also, the sample of participants was from Bell County, Texas and may not represent other victims of DV. The study was limited to women, specifically AA. There is also a potential problem with transferability of this study to women of other ethnicities. The findings may not represent other AA women who are still in an abusive relationship. Also, it is not known if the participants had a full understanding of the meaning of resilience, which is a revised limitation that was not originally mentioned in Chapter one. A definition should be discussed with participants prior to data collection. I also documented all steps taken during the research process.

Recommendations

The recommendations for future research are based on the strengths and weaknesses of this study and the literature reviewed in Chapter 2. I suggest additional research is still needed to better understand how AA women experience resilience

regarding DV. The more we know about this group's experience with violence, the better we can coordinate services that address their individual needs.

The literature review revealed that AA women who are survivors of DV tend to use prayer and religion more than other female groups (Lilly et al., 2015). They also may attend church services more often and use prayer as their main tool for coping and recovering from abuse. Participants in this study identified having faith and a relationship with God as a factor in experiencing resilience. Future researchers may focus on the relationship victims have with God or a higher power. Further inquiry may help determine what aspects of the relationship victims link to resilience. In doing so, it may also reveal how faith and a relationship with God motivate AA women, who are victims of abuse, and encourage them to leave. Using phenomenology was a strength of this study because it allowed me to obtain personal descriptions of the lived experiences of participants. Additional research using phenomenology will allow researchers to also obtain data from detailed descriptions or direct quotes. The information gathered is considered firsthand, and the researcher does not manipulate variables or try to control what occurs.

One limitation of this study is the focus only on AA women who had left the abuse; however, further investigation on this group of women who are still in an abusive relationship or those who have left within 6 months to a year, may provide other perspectives. In addition, participant selection should not be limited to a specific county but include AA women from various geographical locations. Comparing current findings

to future research may contribute additional understanding of this group's perception of the occurrence.

AA women experience of resilience in this study was similar to that of Crann and Barata's (2016) investigation of the lived experience. Future qualitative researchers should continue to use equivalent methods that allow participants to use their voices. Findings from this study will hopefully provide an avenue for further inquiry of AA women and resilience.

Implications

Positive Social Change

AA women are at an increased risk of DV and will experience it at a higher rate than other female groups (Anderson-Wilhoite, 2014; Bent-Goodley, 2013; Taft et al., 2009). The goal of this qualitative study was to better understand, through the identification, analysis, and the extraction of common themes, the lived experience of resilience of AA women who left an abusive relationship. It was difficult to understand how AA women viewed their strength in the midst of DV when considering other factors associated with abuse. I found that a small group of AA women from Bell County, Texas associate their lived experience of resilience with maintaining a positive mind, having faith in God, and taking action toward gaining control of their lives. Researchers can expand on this knowledge with future investigations with AA women and resilience. The results of this research study provide insight into how AA women experience resilience while in an abusive relationship. There are several implications for positive social change. Social change would require, educating DV advocates on the study's results,

accomplished through local, state, and national training, conferences, briefings, and updated printed material. Mental health workers, physicians, police, and domestic violence programs can utilize findings to modify or create effective methods that will decrease, eliminate, or prevent incidents of domestic violence.

Findings indicate family members, friends, and coworkers are resources that assist victims with access to cell phones, copying important paperwork, and help with other ways beneficial to victims who are trying to leave. Community and state organizations can use this crucial information to recruit advocates through social media, posters, billboards, or public service announcements. The findings may encourage Bell County, Texas to create local support groups and hotlines for friends and family members of victims. Providing a cheap cell phone or assisting with important paperwork, is a vital step toward educating advocates on methods used by former victims to successfully cope and move through an abusive relationship.

The findings can also be used by providing insight on how various internal and external factors may influence resilience. Social change can occur by acknowledging and considering what is unique to this population with regards to resilience, such as maintaining a relationship with God. If this is true for other AA female victims, mental health care workers can provide support in this area to others who are considering leaving therefore, decreasing the number of violent incidents leading to a positive social change.

Methodological Implications

Knowledge gained from the current study findings suggest there are methodological implications. The selection of AA women provided a small glimpse of

how this group perceive the experience of resilience. Future qualitative studies should increase the sample size, sample participants from various geographical locations, and include participants who are still in abusive relationships. For example, a larger sample size that contains AA women who are still in an abusive relationship should be conducted to determine if the results yield similar findings. A larger sample may expand on how resilience is experienced. Victims who are currently experiencing violence, should also be included. Furthermore, the geographical area should go beyond Bell County, Texas and include rural areas and larger Texas cities that have access to more resources. Future research has the potential of uncovering approaches used in leaving that may be beneficial in developing programs or services unique to this culture by establishing culture-specific programs. The findings can supplement current research used in developing policies and intervention plans by including concepts that AA women contribute from their experience of resilience.

Theoretical Implications

The theoretical framework that guided this study was the ST (Gondolf & Fisher, 1988) which suggest battered women are not passive victims but survivors who are constantly seeking help. The theory also implies that women who are trying to escape violence need appropriate resources and social support that build up their confidence and strength leading to their independence. Several participants defined how they felt a sense of resilience after receiving support from co-workers, neighbors, and family members. It endorses the component of ST that states, providing effective resources are essential in aiding the survivor in leaving the abuse. Another component suggests victims endure the

abuse due to a lack of resources or options. In fact, one participant recalled how she smiled despite being hit because she knew her possibilities would eventually get better; her lack of choices did not initiate her to give up. ST was applicable to this study, confirming that participants, continued to actively seek ways that created resilience necessary to leave.

Recommendations for Practice

According to Johnson (2013), culturally-competent interventions are lacking for the AA population. One way to address this issue is to ensure clinicians are trained in cultural awareness when working with minority clients. African American women in this study provided insight into their experience of resilience that includes positive thinking, a relationship with God, and taking action leading to control. Mental health providers, who work with AA victims of DV, can use these findings in a clinical setting to create ethnically appropriate treatment plans. For example, therapists may consider including various aspects of positive psychology to help clients locate and detect attributes that contribute to their resilience. One way is by focusing on personal strengths. If positive emotions are identified, therapists can help determine how to foster and expand those feelings. Participants in this study expressed the importance of a relationship with God, clinicians who are less knowledgeable in this area may consider additional training on how to facilitate a discussion of God as part of the therapy process. Either individually or in a group setting, therapists may incorporate activities that focus on optimism, spirituality or religion, and self-regulation. These findings can also be included in training programs and viewed as therapeutic resources for AA women in an abusive relationship

and are considering leaving. Lastly, findings may provide insight to current victims that encourage exploration within themselves to locate qualities that exemplify resilience.

Conclusion

The purpose of this study was to investigate the lived experience of resilience in AA women who left an abusive relationship. A qualitative, phenomenological method was used to guide this study. Some researchers (Hill, 2009; Luthar & Cicchetti, 2000; Masten, 2011; Tusaie & Dyer, 2004) have provided different conclusions on what constitutes resiliency, thereby creating several definitions. Although literature regarding the concept exists, little is known on how it is experienced. Crann and Barata (2016) found that resilience was experience by the use of external and internal pathways leading to cognitive, behavioral, and emotional shifts. They also determined that these shifts pointed toward resistance, experiencing control, and toward positivity. However, they also called for an additional investigation of the lived experience of resilience with survivors of abuse. Individuals who experience an event or occurrence may provide the most beneficial account that increases understanding and expands knowledge. Findings of this study indicate that AA women experience resilience as a cognitive change toward a positive outlook that mostly occurred over time or as a sudden occurrence. These women placed a significant emphasis on the importance of a relationship with a higher power. Resilience was experienced in the form of taking action that promotes advancement toward tangible goals. The current study has limitations that were discussed. However, hopefully, the findings will encourage other researchers to continue with investigations into the lived experience of resilience in AA.

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Appendix A: Domestic Violence Research Study

Would you like to be a part of a domestic violence research study?

- Are you at least 18 years or older?
- Are you an African American female?
- Were you ever a victim of domestic violence?

If you answered YES to the above questions, you may be eligible to participate in a research project on domestic violence.

The purpose of this study is to investigate the lived experience of resilience of African-American women who left an abusive relationship. Benefits include an opportunity to provide valuable information that may assist other victims who are trying to leave an abusive relationship. No monetary incentive is available for participation. The researcher is a student enrolled in a Clinical Psychology of an accredited university.

Please contact Audrey XXX-XXX-0217 for additional information.

Appendix B: Prescreening Interview

This prescreening interview will be given to each participant by the investigator to determine eligibility for the study. Each participant will be asked the following questions:

Were you ever physically (mentally), or sexually abused by an intimate male?

partner? ____yes ____no

Have you completely broken free from your abuser? ____yes ____no

Have you been free from partner abuse for at 2 years? ____yes ____no

How long has it been since you have encountered partner abuse? ____years

____months

Note to participants: All information obtained from participants will be held strictly confidential. Fictitious names will be used for both the participant and the abuser.

A written questionnaire and an interview session are required for this study. The time required will be approximately 1-2 hours. Would you be willing to spend the time required to participate in this study? ____yes ____no

The interview portion of this study will be tape recorded. Will you agree to have your answers tape recorded?

____yes ____no¹

¹From "Techniques and strategies utilized to break the cycle of violence," by N. Volante, 1998, Walden University, ProQuest Dissertations Publishing. Copyright 1999 by Volante, Neli. Adapted with permission.

Appendix C: Consent Form

Title of Project: The lived experience of resilience of African American women who left an abusive relationship.

You are invited to participate in a study on the lived experience of resilience of African American women who left an abusive relationship. This study is being conducted by Audrey L. French, a doctoral student with Walden University. The researcher is inviting you to participate in this study because of your ethnicity, age, and race. African American women over the age of 18 and have been free of an abusive relationship for two years, may be potential participants. This form will explain the informed consent process and provide you an overview of the study. Please read carefully before you consent to participate.

Background information:

The purpose of this study is to learn of the lived experience of African American women who left an abusive relationship.

Procedures:

If you agree to this study, you will be asked to:

- 1) Complete a Prescreening-interview, Consent form, a written questionnaire, and an interview session lasting approximately 1-2 hours.
- 2) Give consent for the researcher to record the interview session.

Here are a few interview questions:

- 1) Can you describe how you moved through and coped with abuse?
- 2) Can you describe a time you did/did not feel resilient?

Voluntary Nature of the Study:

Your participation in this study is strictly voluntary. Everyone will respect your decision of whether or not you choose to be in the study. You will not be treated differently if you decide not to participate in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Participation in this study involves some risk of major discomforts such as painful memories, stress, or becoming upset. You will be asked to describe your domestic

violence history that may affect your present life. You can choose not to answer any question that makes you feel uncomfortable or causes you stress. In the event you experience any discomfort and require assistance in coping with the experience, I can provide you a list of referrals. These agencies will provide assistance free of charge to anyone experiencing or have experienced DV. If you need additional assistance beyond what the agency provides, that agency's staff can also make referrals. I encourage you to contact the agency directly, mainly because these agencies prefer to speak directly to the person seeking help. I will not personally provide any intervention other than providing the list of community referrals.

Your participation will help fill the gap in literature by identifying common areas that African American victims find resilient during the abusive relationship that may not be listed in current data. It will provide mental health workers with unique information that is specific to the African American culture when developing strategy plans and intervention methods for those who want to leave or decide to stay.

Compensation:

There is not compensation for participating in this study.

Confidentiality:

Any information you provide will be kept confidential. Confidentiality will include using a pseudonym. Permission will be obtained to audio tape interviews. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a locked filing cabinet and kept for a period of at least 5 years, as required by the university.

Limits of Confidentiality:

I am legally required by the state of Texas to report any known or suspected abuse or neglect to a child, elder, or disabled individual. Any information that is revealed to me that involves abuse to either of these populations will be reported to the Family or Adult Protective Service.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher at (XXX) XXX-0217 or at audrey.french@waldenu.edu. If you want to talk privately about your rights as a participant, you may contact Walden University's Research Participant Advocate at 612-312-1210, or by email at

irb@waldenu.edu. Walden University's approval number for this study is _____ and it expires on _____.

The researcher will give you a copy of this form to keep. Please keep this consent form for your records.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below, I understand that I am agreeing to the terms described above.

Printed Name of Participant Date of consent

Participant's Signature Researcher's Signature

Appendix D: Demographic Questionnaire

1) Name: _____

2) Ethnicity: I identify as an African American female

___ Yes

___ No

3) Marital Status

___ single

___ married but separated

___ separated

___ divorced

___ Cohabiting

4) DOB: _____

5) Age: _____

6) Level of education:

___ Diploma/GED

___ Undergraduate Degree/Certificate/Diploma

___ Graduate Certificate/Degree

7) Children:

___ Yes

___ no

8) Religious affiliation: _____

Appendix E: Consent to Record

To ensure the quality and effectiveness of the study, the interview will be audio taped. Any identifying information will be kept confidential. Pseudonyms will be used to label the tapes to ensure confidentiality. Following transcription of the interviews, audiotapes will be erased and destroyed. Transcriptions and analysis will be stored in a locked cabinet in the researcher's personal office and will only be seen by the researcher during the study and for five years after the study is complete. I hereby give consent to Walden University and the researcher of this study to audiotape my interview. I understand that I may withdrawal my consent at any time without fear of adversely affecting my relationship with the researcher or Walden University.

Signature of Participant Date

Name and phone number of investigator:

Audrey L. French, Principal Investigator Cell (XXX) XXX-0217

²From "The battered woman experience: A phenomenological study exploring the lives of Latina women and their experience with domestic violence," by J. Gonzalez, 2010, University of Nebraska-Lincoln, ProQuest Dissertation Publishing. Copyright 2010 by Gonzlaez, Jaime. Adapted with permission.

Appendix F: Interview Questions

Thank you for agreeing to participate in this study. My name is Audrey L. French and I am a doctoral student in the Clinical Psychology program at Walden University. The primary goal of this study is to investigate the lived experience of African American women who left an abusive relationship.

- 1) Describe how you moved through and cope with your experiences of abuse?
- 2) Describe a time you did feel resilient after, during, or in spite of abuse?
- 3) Describe a time you did not feel resilient after, during, or in spite of abuse?
- 4) Why do you consider those experiences of resilience to showcase (or not showcase) resilience?

3

³ From “The experience of resilience for adult female survivors of intimate partner violence: A phenomenological inquiry,” by S. E. Crann and P. C. Barata, 2016, *Violence Against Women*, 22(7), 853-875. Copyright 2016 by Crann, Sara and Barata, Paula. Adapted with permission.

Appendix G: Permission to use Volante Instrument

Hello Audrey,

Yes, you may also have permission to use the Written Survey Questionnaire and the Interview Questionnaire, along with the Prescreening Interview Guide. I do not have my dissertation handy, so I am not sure if these are the exact titles of the instruments. Please remember to document the permission reference source within your dissertation.

Best regards,
Dr. XXXX

On Tue, Oct 30, 2012 at 6:04 PM, XXXXXX<xxxxxxx@yahoo.com> wrote:

Dr. XXXX,
Do you give me permission to use the other two instruments (Written Survey Questionnaire and Interview Questionnaire) as well? I am just covering myself? :) I appreciate your help in this journey.

Audrey L. French, A00090511

Ph.D. in Psychology Program

Texas, Central Time Zone

From:XXX XXX <XXXXXX@ismonterey.org>

To:frenchaudrey<xxxxxxxxx@yahoo.com>

Sent: Tuesday, October 30, 2012 11:01 AM

Subject: Re: Permission Request/Dissertation Instruments

Dear Audrey,

It was a pleasure speaking with you this morning.

Yes, you have my permission to utilize the Prescreening Interview Guide. It is an honor for you to ask and nice to know that another person is interested in this area. I wish you the very best with the continuance of your doctoral program and your dissertation!

Most importantly:

Thank you for being a unique and special person, willing to promote knowledge about abuse and welfare for all women (and children). It is apparent that you have been making a difference in the lives of many individuals. Thank you!

Making the difference in one life, makes a difference in many lives for generations to come. . .

Best wishes and congratulations, in advance, Dr. French!

Kindest regards,
 Dr. XXX
 K-8 Academic Counselor / Student Services Administrator
 XXXX
 Seaside, CA 93955
 (XXX) XXX-XXX xxx
 International School of Monterey
 Educating all children towards becoming conscientious, compassionate,
 and responsible citizens of the world . . . ISM Mission

>>> Please visit the Student Services Webpage at:

http://www.ismonterey.org/student_services.html

On Sat, Oct 27, 2012 at 3:29 PM, frenchaudrey<xxxxxxxh@yahoo.com> wrote:

Dr. XXX,

My name is Audrey L. French. I am a student with Walden University enrolled in the Clinical Psychology program and currently working on my dissertation. I want to duplicate your 1998 study using only African American women living in Bell County, Texas. This email is to ask your permission to use your Prescreening Interview Guide, Written Survey Questionnaire, and the Interview Questionnaire. The only thing I would like to change is a question pertaining to the length of time the woman left the relationship. On your form, it states 6 months and I am asking that the participants be free of the abuse for a minimum of a year. I want to thank you for taking the time to read my email requesting permission. If you have any questions for me Dr. Volante, please feel free to contact me at 254-xxx-xxx. You may also send me an email. I look forward to hearing from you.

Again, thank you.

Audrey L. French, A00090511
 Ph.D. in Psychology Program
 Texas, Central Time Zone

--

Best regards,
 Dr. XXXX
 K-8 Academic Counselor / Student Services Administrator
 xxxx xxxxxStreet
 xxxxx, CA xxxx
 (xxx) xxx-xxx x
 International School of Monterey
 Educating all children towards becoming conscientious, compassionate,
 and responsible citizens of the world . . . ISM Mission>>>Please visit the Student

Services Webpage at: http://www.ismonterey.org/student_services.html

Appendix H: Permission to Use Gonzalez Instrument

Re:	
Request	
Permission	
From:	frenchaudrey (xxxxxxx@yahoo.com)
To:	xxxx.xxxx.1969@gmail.com;
Date:	Friday, May 10, 2013 6:32 AM

Dr. X,

Thank you for your speedy response. I will definitely reference your work. I appreciate your assistance.

Audrey L. French, A00090511
Ph.D. in Psychology Program
Texas, Central Time Zone

From: XXXXX <xxx.xxxx.1969@gmail.com>
To: frenchaudrey<xxxxxxx@yahoo.com>
Sent: Thursday, May 9, 2013 10:59 PM
Subject: Re: Request Permission

Hi Audry,

It was also good to speak with you this afternoon. It is always exciting to hear of someone who is interested in expanding the knowledge and awareness of such a significant issue in our society, and in particular in the minority population and related culture. My hope is that you will find the work you embarking into as rewarding as I have. With regard to the documents you're requesting to use, I am more than happy to give you my permission to use them as deemed appropriate by your dissertation committee members. All I ask is that you reference my work in your study, as it is very important that we work together at increasing awareness and knowledge of this issue. I wish you the very best in all of your endeavours, and welcome the opportunity to read your dissertation upon its completion.

Sincerely,

Dr. Xxxx Xxxx
Sent from my iPhone

On May 9, 2013, at 8:28 PM, frenchaudrey<xxxxxxx wrote:

Dr. Xxxxx,

It was good to speak with you earlier this evening. I appreciate the words of encouragement and look forward to continuing with my dissertation. As I mentioned, my study will focus on the lived experience of African American women who left an abusive relationship. Like you, I am also using phenomenology research. I wanted to obtain your permission to use your Consent to Record and Interview Protocol forms? If granted, I may change the wording to fit the population for my study. If you have any questions, please feel free to contact me. Again, it was a pleasure to speak with you. Thanks for taking the time to discuss my dissertation.

Audrey L. French, A00090511
Ph.D. in Psychology Program
Texas, Central Time Zone

Appendix I: Permission to Use Barata Interview Questions

Xxxxx Xxxx <xxxxxx@uoguelph.ca>

Feb
6

Hi Audrey,

Yes, feel free to use any questions that appeared in the manuscript. Good luck with your work and feel free to contact us again if you have additional questions about what we asked in the interviews.

Xxxxx

From: Audrey French <xxxxxxxx@waldenu.edu>
Sent: Saturday, February 4, 2017 11:07 AM
To: Xxxx
Subject: RE: Permission Requested

Dr. Xxxx,

I am a PhD candidate in the Clinical Psychology Program at Walden University. I read a recent article of yours on the experience of resilience for adult IPV survivors. I know you are busy and will keep this email short. I wanted to know if I had permission to use questions from your research for my dissertation? I am interested in the experience of resilience in African American women who left an abusive relationship. My questions may differ slightly from yours, but I would still cite your work as a source. I do appreciate you taking the time to read my email and look forward to hearing back from you.

Audrey

Appendix J: Walden University Institutional Review Board Approval

Your input will help in understanding how African American experience strength during an abusive relationship. It will give mental health workers specific information that can be used to create plans for other women who want to leave.

Payment:

There is no payment for being in this study.

Confidentiality:

Confidentiality will include using a pseudonym. Permission will be asked to audio tape interviews. The student will not use your personal information for any purposes outside of this project. Also, the student will not include your name or anything else that could identify you in the study reports. Data will be kept secure in a locked filing cabinet and kept for a period of at least 5 years, as required by the university.

Limits of Confidentiality:

I am legally required by the state of Texas to report any known or suspected abuse or neglect to a child, elder, or disabled individual. Any information that is told to me that involves abuse to either of these people will be reported to the Texas Department of Family and Protective Services.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the student via (254) 340-0217 or at audrey.french@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is 09-21-17-0090511 and it expires on September 20, 2018.

The student will give you a copy of this form to keep. Please keep this consent form for your records.

Obtaining Your Consent

If you feel you understand the study well enough to decide about it, please indicate your consent by signing below.

Printed Name of Participant

Date of consent

Participant's Signature

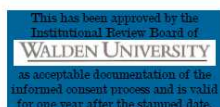
Student's Signature

2017.09.

21

17:18:33

-05'00'



Appendix K: Community Referrals

The National Domestic Violence Hotline (NDVH) 1-800-799-SAFE (7233)

Operating around the clock, seven days a week, confidential and free of cost, NDVH provides lifesaving tools and immediate support to enable victims to find safety and live lives free of abuse. Callers to the hotline at 1-800-799-SAFE (7233) can expect highly trained experienced advocates to offer compassionate support, crisis intervention information and referral services in over 170 languages. Visitors to this site can find information about domestic violence, safety planning, local resources, and ways to support the organization. This information is taken from the NDVH website <http://www.thehotline.org/about-us>

Families in Crisis (24-hour Crisis hotline) 1-888-799-SAFE (7233)

Outreach Services for victims and community education. FIC provides services in: Crisis intervention, advocacy and support services for non-residential family violence and sexual assault clients, Community education on family violence and sexual assault tailored to specific audiences, and intake through the hotline 24 hours a day.

Safe Place (24-hour Crisis hotline) 512-267-SAFE (7233)

Safe Place, with over 35 years of experience working with the community and survivors of sexual and domestic violence, offers resources for those who are seeking guidance in how they can also support survivors, or who work to prevent and raise awareness within their own organizations, schools and larger community. Additional information includes links and resources for survivors, family members, and students. Information was obtained from <http://www.safeplace.org/>

Family Abuse Center 1-800-283-8401

The mission of Family Abuse Center (FAC) is to eliminate domestic violence in Central Texas by sheltering victims and by preventing abuse from occurring through intervention and education. FAC was founded in 1980 and has been providing emergency shelter, a hotline, and comprehensive domestic violence (DV) services to seven Central Texas counties since that time. Information obtained from <http://familyabusecenter.org/>

Appendix L: NIH Training Certificate

